

Name
in
Full

Henry Aikens

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Harford	County	MARYLAND	
Date of death	Month	Day	Age	Years	Months
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jt Known		Father's Birthplace	Jt Known	
Mother's Maiden Name	Jt Known		Mother's Birthplace	Jt Known	
Name of person giving Information	How related to deceased				

1909 Sept. 10 80 Jt Known

Male colored Jt Known

Laborer

Widower

Jt Known

Jt Known

Granville Aikens Son,

CAUSES OF DEATH

64

✓

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Aphexy

2 weeks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Tobias,

Darlington, Md.

Accident or Suicide?

β

Name
in
Full

Hannah Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sax	Female	Color or Race	Age.	70
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of wife or Husband		Thomas Baker	
Father's Name	James Paylay		Father's Birthplace	<u>Unknown</u>
Mother's Maiden Name	Mary Paylay		Mother's Birthplace	<u>Unknown</u>
Name of person giving Information	Chas. R. Baker		How related to deceased	son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Arteric Stenosis

(79)

✓
6 months

Immediate

Squeezed

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Edward Quarters
Bell Ave. Md.

Accident or Suicide

Wesleyan Chapel

Name
in
Full

Florence B. Balser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Carsines</u>	County <u>Starford</u>	MARYLAND		
Date of death	Month <u>1909 - 9 -</u>	Day <u>29</u>	Years <u>Age 7</u>	Months <u>—</u>	Days <u>—</u>
Sex	<u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Carsines Md</u>		
Occupation	<u>School Girl</u>	Where Residing if not at place of death			
Married, Single or Widowed					
Father's Name	<u>Clara Harvey Balser</u>				
Mother's Maiden Name	<u>Annie Cole</u>				
Name of person giving Information	<u>Clara H. Balser</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

1

How long

✓

4 weeks

Immediate

Meningitis

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

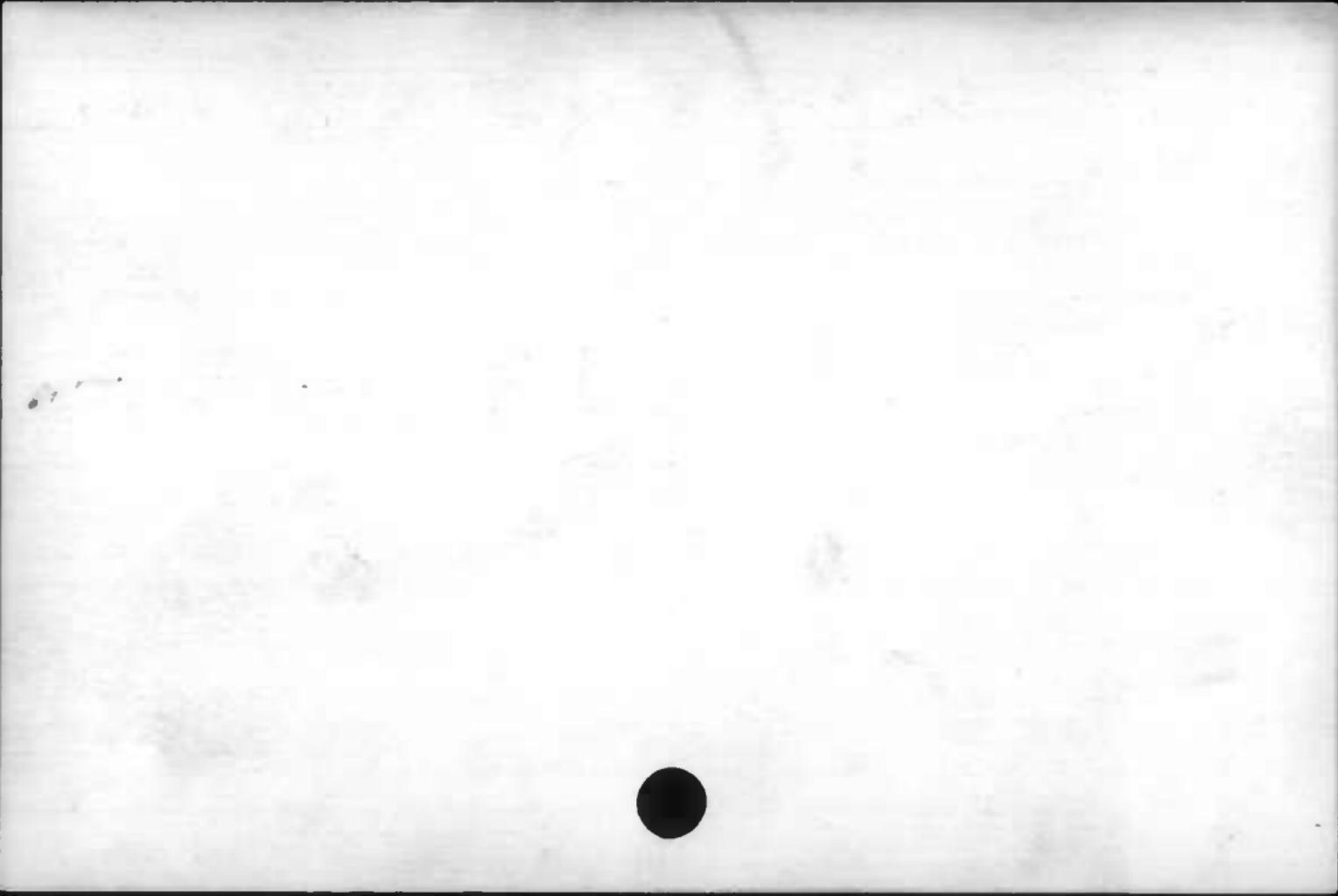
Yes

Signature of Physician

Address

Christie
Aberdeen, Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bertha Boone.

CERTIFICATE OF DEATH

Town	County		
Died at	Hagerstown.		
Date of death 1909.	Month Sept	Day 4	Years 24
Sex Female.	Color or Race white	Birth-place Md.	
Occupation Housewife	Where Residing if not at place of death Belto.		
Married, <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband Frank J. Boone		
Father's Name H.	Daughter	Father's Birthplace Md.	
Mother's Maiden Name Dennis	Daughter	Mother's Birthplace Md.	
Name of person giving Information Sizie Benington	How related to deceased Aunt		

CAUSES OF DEATH

Primary

Influenza

27

How long

✓

6 months

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

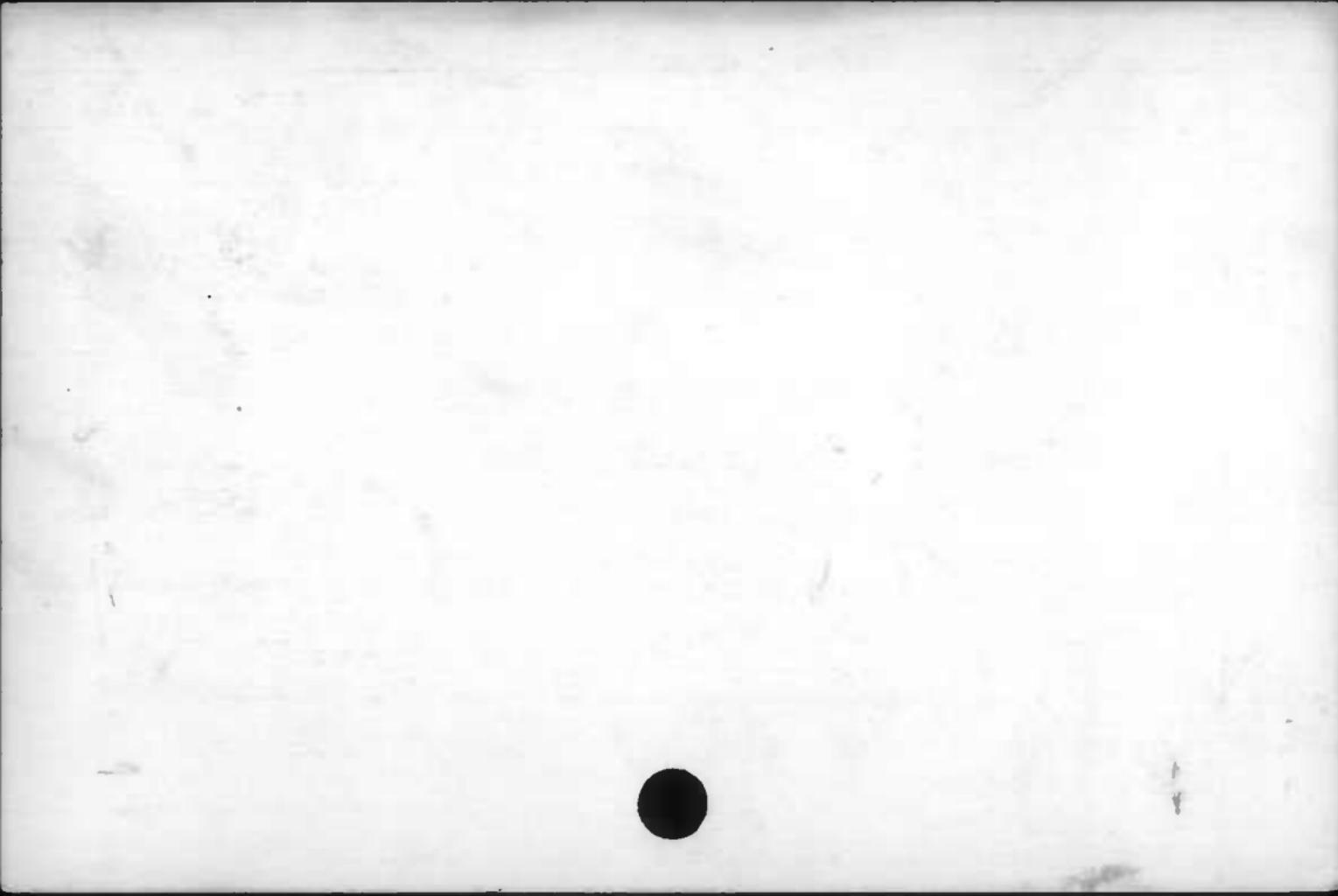
Address

Dr. W. E. Arthur
6 Cardiff M.

Accident or Suicide

()

w



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lewis Franklin Breidenbaugh

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Garrisonville Harford

Date
of death

Month

Day

Years

Month

Days

1909 Sept

4th PM

Age 24

5

20

Sex

Male

Color or
Race

White

Birth-
place

Garrisonville Md

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Conrad Breidenbaugh

Father's
Birthplace

Germany

Mother's
Maiden Name

Margarett E. Boenick

Mother's
Birthplace

Maryland

Name of person giving
Information

Le Breidenbaugh

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cerebral Meningitis

61

✓

Immediate

Exhaustion

How long

About 2 weeks

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

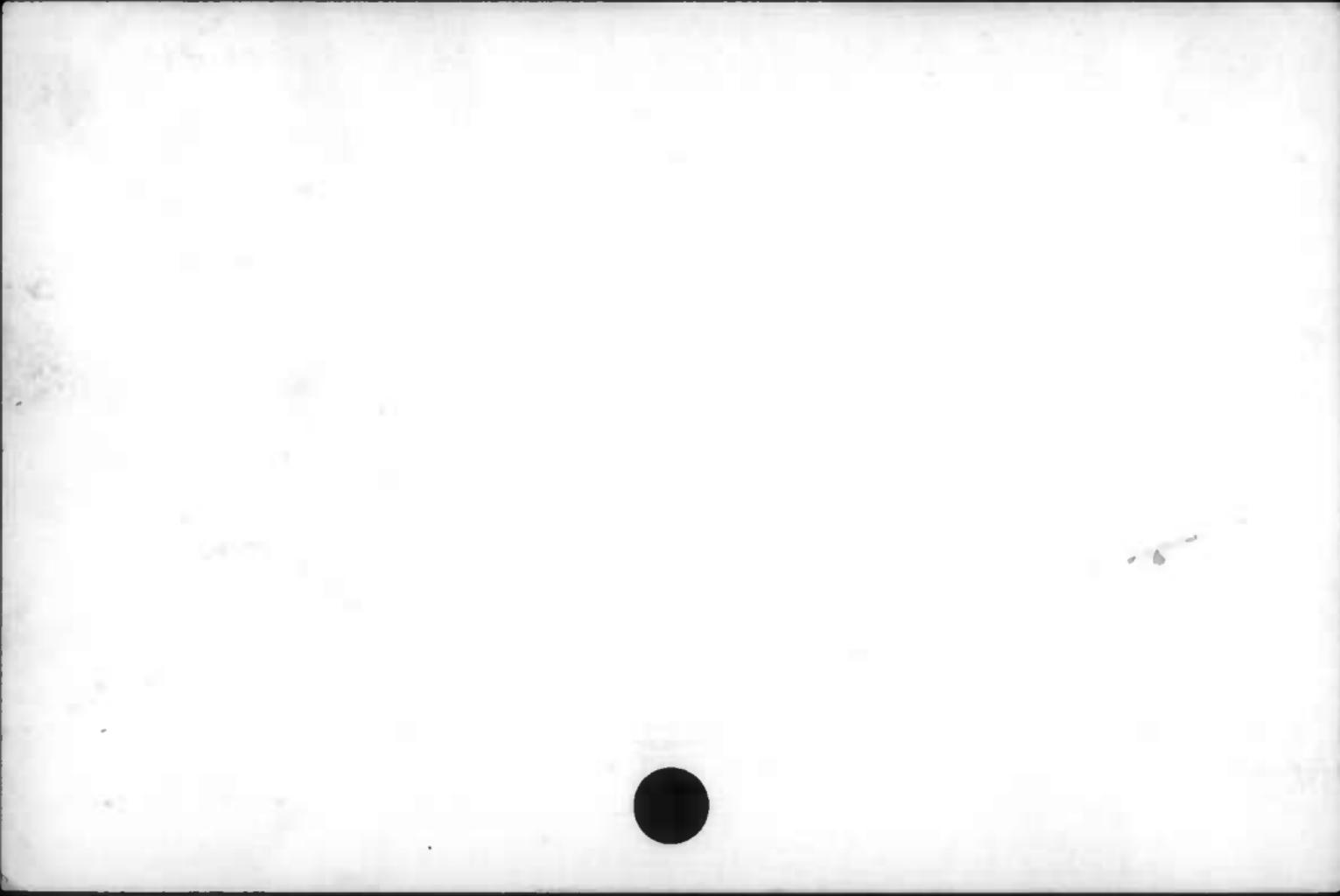
Signature of
Physician

H. F. Bradley

Address

Garrisonville Md.

Accident or Suicide



Name
in
Full

Nelson Butler

CERTIFICATE OF DEATH

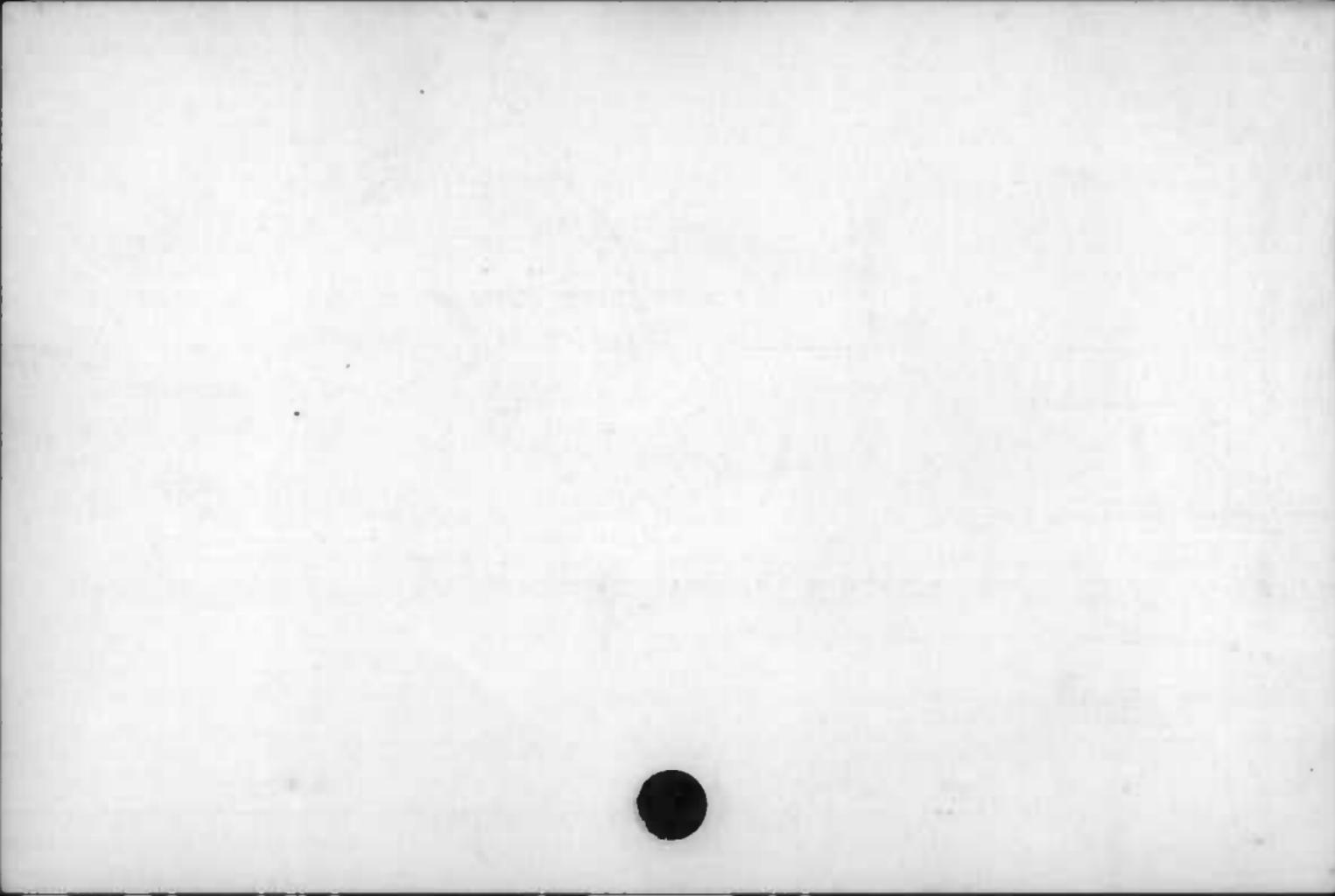
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Bush River	County	Harford	MARYLAND				
Date of death	Month	Sept.	Day	26 th	Years	106	Months	—	Days
Sex	Male	Color or Race	Black	Birth-place	Maryland				
Occupation	Fisherman	Where Residing if not at place of death	Bush River						
Married, Single or Widowed	Widowed	Name of Wife or Husband							
Father's Name	Not Known	Father's Birthplace	Not Known						
Mother's Maiden Name	Not Known	Mother's Birthplace	Not Known						
Name of person giving information	Jos. Preston	How related to deceased	Nephew						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Dysentery (ery)	How long	14 weeks
Immediate	Hemorrhage	How long	20 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. Oppermann
		Address	Abingdon Md
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Byles

Town

Died at

Strat.

Month

Date

of death

1909

Day

23.

Coupl.

Husband.

Sex

Male.

Color or
Race

Years

66

Occupation

Farmer

Age

Months

9

Days

MARYLAND

Birth-
place

Pa

Where residing if not
at place of death

Ella. Byles

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Birthplace

Pa

Father's
Name

Charles Byles

Mother's
Birthplace

Pa

Mother's
Maiden Name

Elizabeth Jackson

How related
to deceased

wife

Name of person giving
Information

Ella Byles

66

How long

2 years

CAUSES OF DEATH

Primary

Paralysis

Signature of
Physician

Address

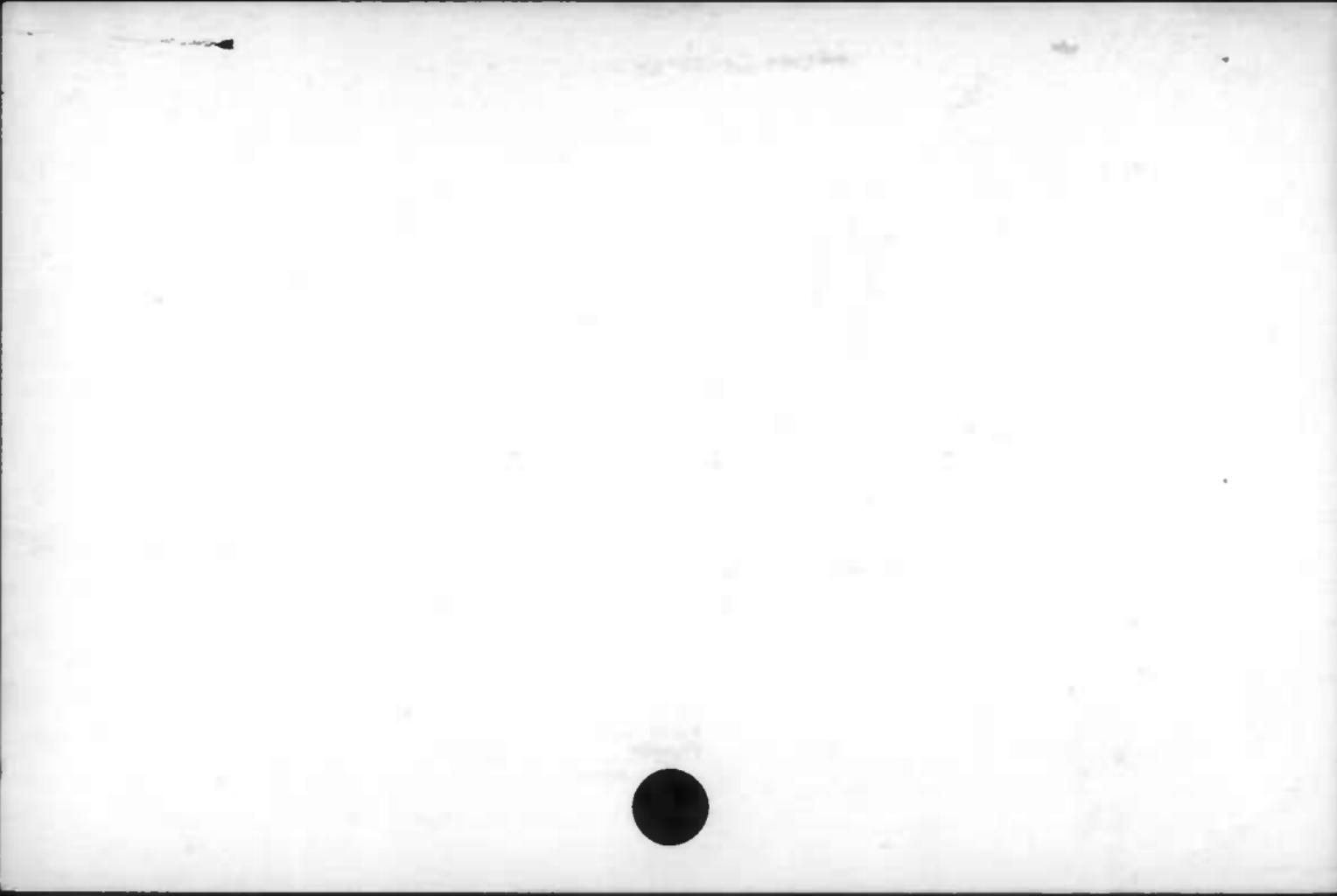
Immediate

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide

yes

G.W. Barnes
Strat.
Md.



Name
in
Full

Harrabellia Cairns

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Bel Air		Town Baltimore		County Maryland	
Date of death 1909 Sept 14	Month	Day	Years 60	Age	Months
Sex Female	Color or Race White	Birth-place Md			
Occupation House Wife	Where Residing if not at place of death Bel air				
Married, Single or Widowed Never	Name of Wife or Husband George R Cairns	Father's Birthplace Md			
Father's Name Alfred Nelson	Mother's Maiden Name Mary Ellen Hope	Mother's Birthplace Md			
Name of person giving information Frances Cairns	How related to deceased Daughter				
CAUSES OF DEATH					
Primary Bright's Disease	120 ✓				
Immediate	How long Three Years				

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician William S. Archer
Address Bel Air	
Accident or Suicide? No	Md

Bethel Church

Name
in
Full

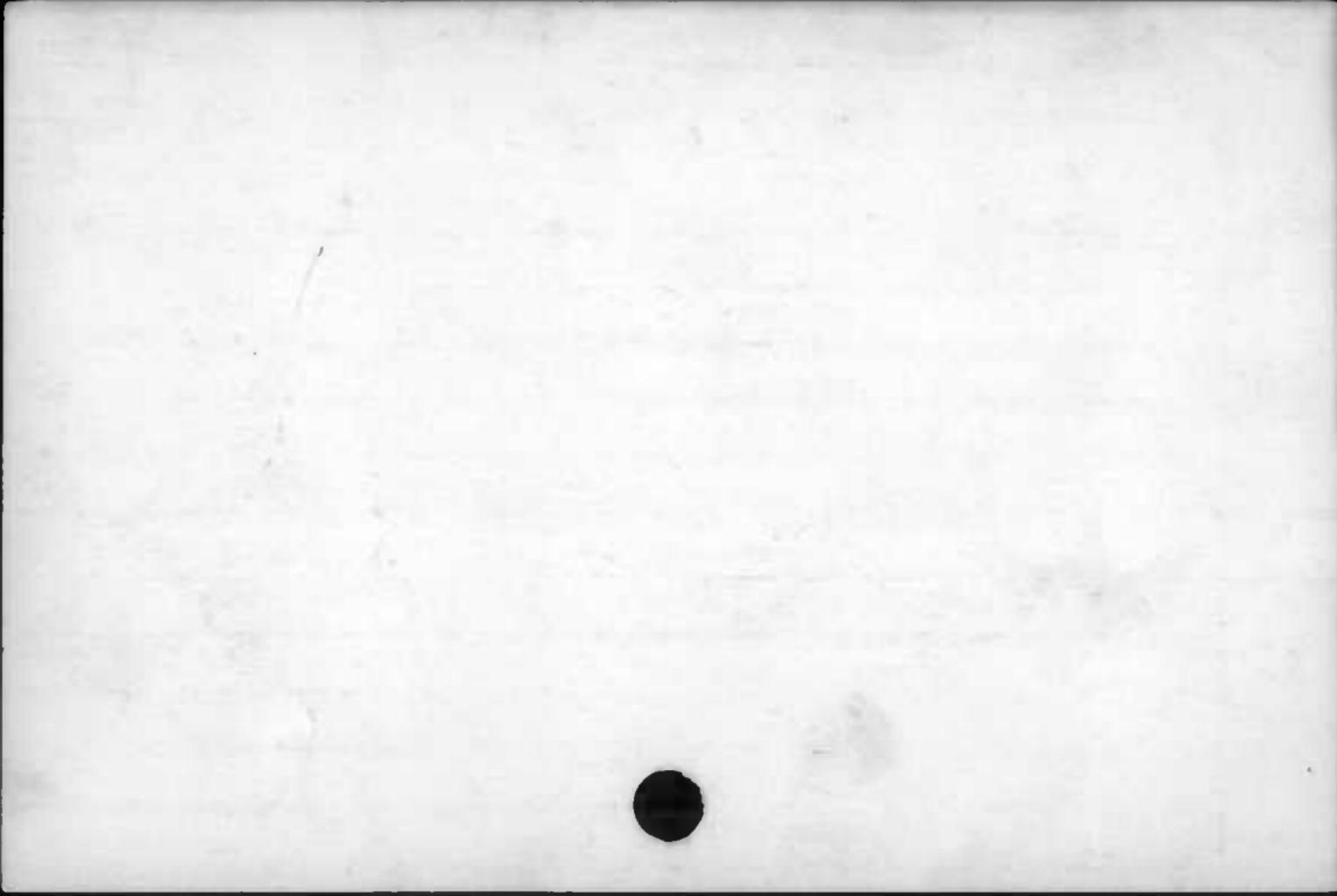
Edith May Erroline Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name	Sarah J. Collins Jr.				
Mother's Maiden Name	Sarah J. Jr.				
Name of person giving information	Father				
CAUSES OF DEATH					
Primary	Tuberculosis.			How long	
Immediate	"	10 mos			How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Dr. Stein	
			Address	Freymars	
Accident or Suicide?					

PHYSICIAN
OR CORONER



Name
in
Full

Edward Emmanuel Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	1909	Month 9	Day 4	Years 53	Months 10
Sex	Male	Color or Race	White	Birth- place	Harpers Ferry
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Oliva Cook	Father's Name	George Cook
Father's Name	George Cook			Father's Birthplace	England
Mother's Maiden Name	Doris Brown			Mother's Birthplace	Unknown
Name of person giving Information	Albert Cook			How related to deceased	Son

CAUSES OF DEATH

Primary

Carcinoma Liver

40

Inv.

Immediate

Dropsy

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J.P. Smithson
Forest Home

Accident or Suicide?

Centre Church

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Henry Cullum

CERTIFICATE OF DEATH

Died at

Town

Stepney

County

Harpford

MARYLAND

Date
of death 190

Month

9 Sep

Day

22

Years

70

Months

6

Days

13

Sex

male

Color or
Race

White

Birth-
place

Harpford

Occupation

Farmer

Where Reiding if not
at place of death

Married, Single
or Widewed

Widower

Name of Wife or
Husband

Edith H. Williams

Father's
Name

Wm. W. Cullum

Father's
Birthplace

Harpford MD

Mother's
Maiden Name

Jane Greenland

Mother's
Birthplace

Harpford MD

Name of person giving
Information

A. R. Cullum.

How related
to deceased

Son

CAUSES OF DEATH

Primary

Bright's Disease

120

✓

How long

2 yrs.

Immediate

Heart Failure

How long

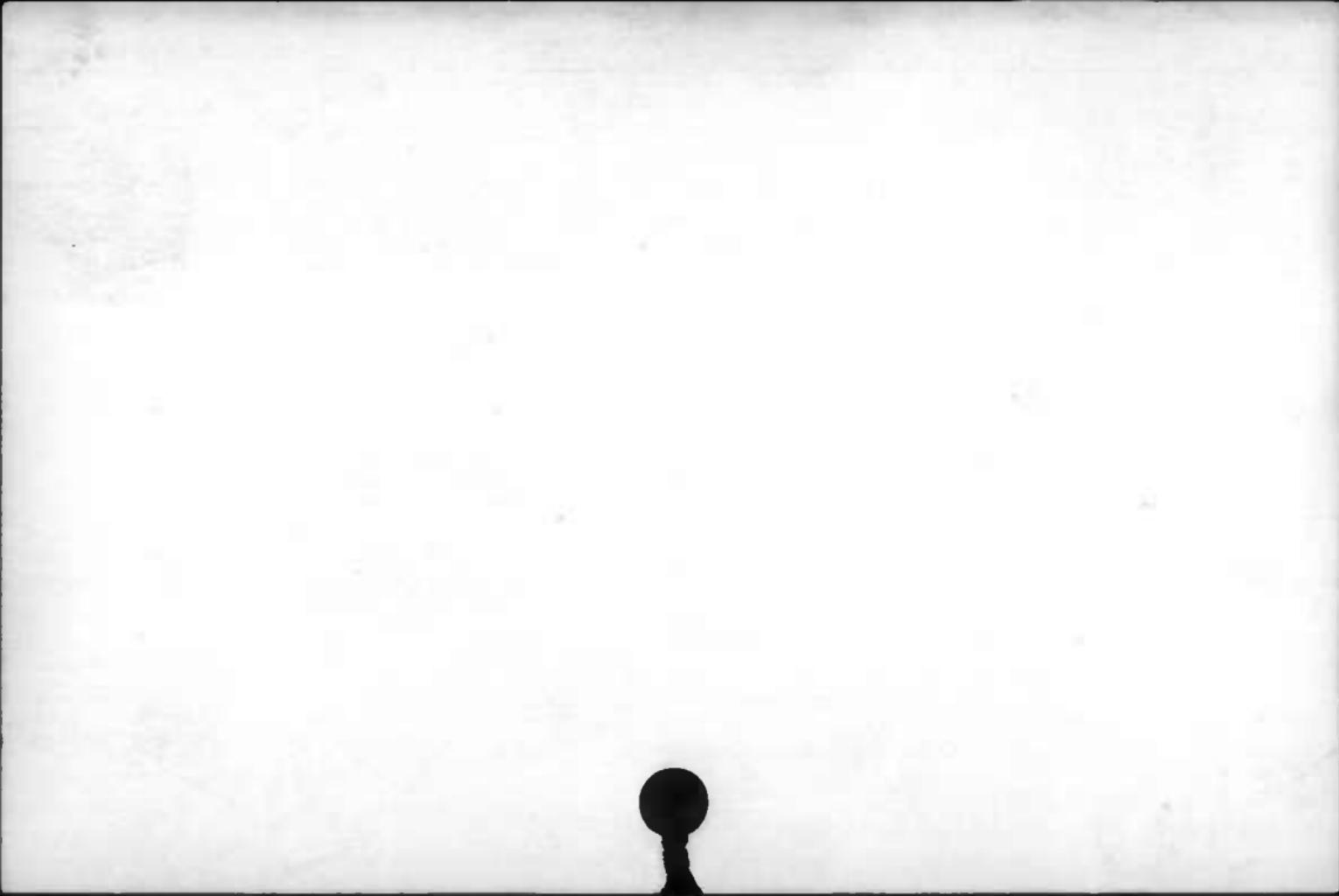
John
Braynard

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

Amanda Elizabeth Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Earlton	Harford		
Date of death	Month	Day	Years Months Days
1909 Sep.	26	Age	85-8 -
Sax	Color or Race	White	
Occupation	Housewife		
Where Readiing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Joseph Davis
Father's Name	Ephriam Gilbert		
Mother's Maiden Name	Annie Loflin		
Name of person giving Information	Sallie Mitchell		
Father's Birthplace	Maryland		
Mother's Birthplace			
How related to deceased	Niece.		

CAUSES OF DEATH

Primary

General debility -

154

✓

How long

3 or 4 years

Immediata

Exhaustion

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

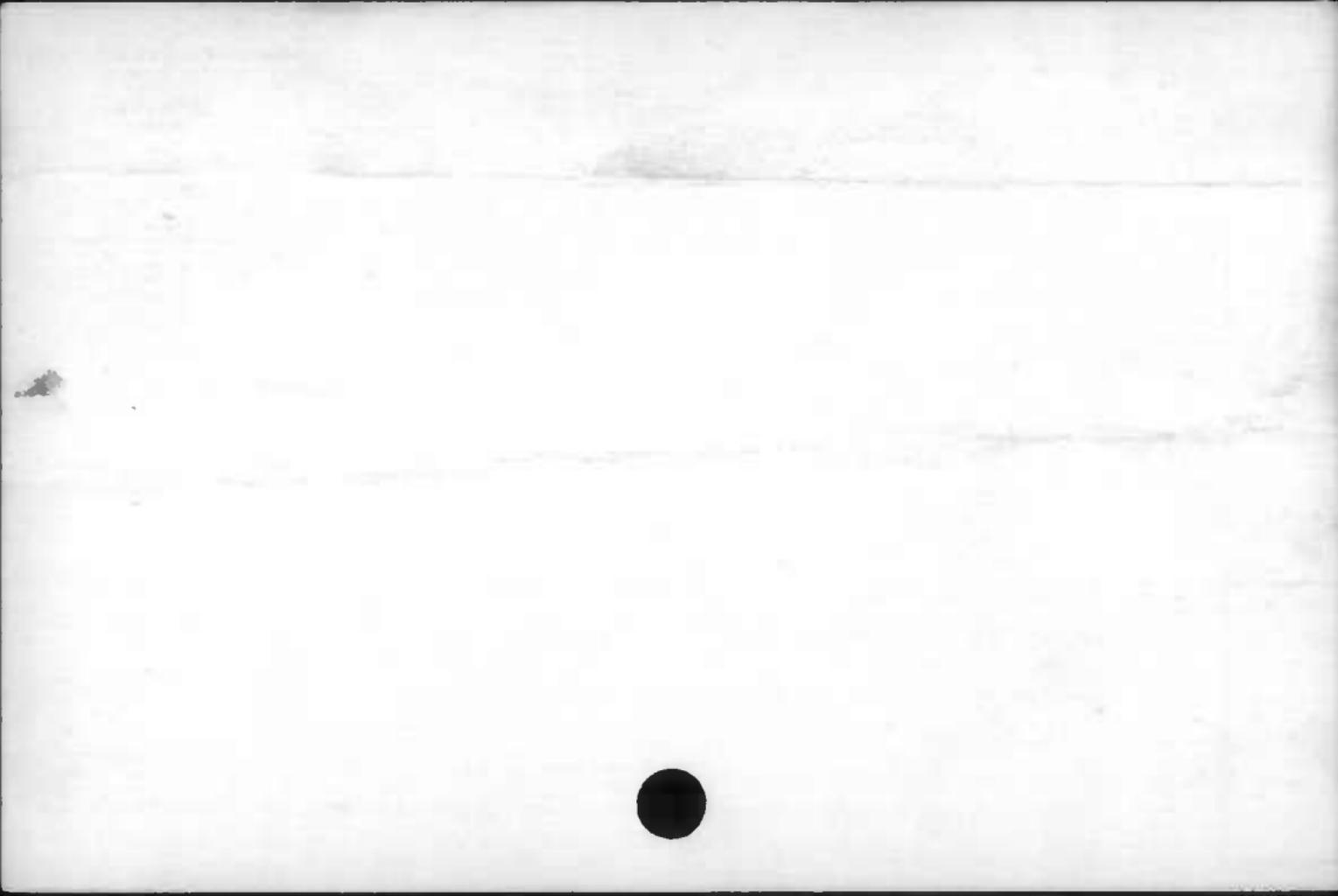
Address

J L Hopkins

Haven de Grawe
Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Mary De Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Harford	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age		
Occupation	Where Readiing if not at place of daath				
Married, Single or Widowed	Single	Name of Wife or Husband	none		
Father's Name	John De Martin		Father'a Birthplace	Germany	
Mother's Maiden Name	Anna Yannuchowksi		Mother's Birthplace	"	
Name of person giving Information	John De Martin		How related to deceased	Father	

CAUSES OF DEATH

105

How long

3 weeks

Primary

Gastro Colitis

Immediate

Transitional collapse

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. Oppermann,
Abingdon,
Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

James Lewis Donahoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Aldine			County	Harford	
Died at	Month	Day	Years	Months		Days
Date of death 1909	Sept	16	Age 83 d			
Sex Male	Color or Race	White			Birth-place	Harford Co
Occupation Farmer	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband	Mary E. Osborn			Father's Birthplace	Harford Co
Father's Name Aquila Donahoe						
Mother's Maiden Name Mary Carroll				Father's Birthplace	Harford Co	
Name of person giving Information Mary E. Donahoe				Mother's Birthplace	Harford Co	
How related to deceased Wife						

CAUSES OF DEATH

64

How long

1 year
48 hours

PHYSICIAN
OR CORONER

Primary

Sunility
Enteric congestion

Immediate

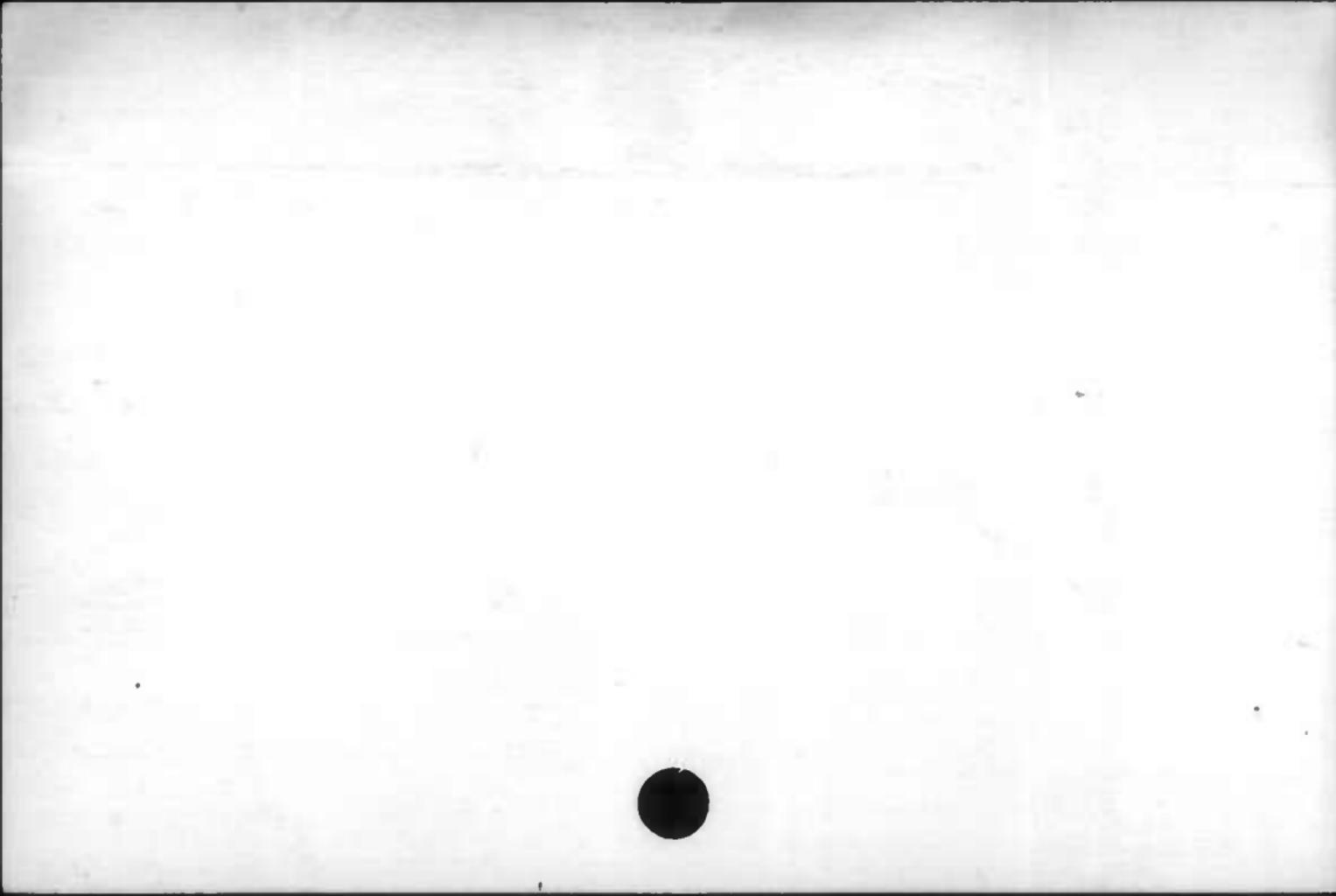
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. F. Roberts
Churchville

Accident or Suicide



Name
in
Full

Alice Maude Dorsey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	David Dorsey			Father's Birthplace	Maryland,	
Mother's Maiden Name	Mary Dorsey			Mother's Birthplace	Maryland.	
Name of person giving information	Rachel Smith			How related to deceased	Aunt.	

CAUSES OF DEATH

(151) ✓

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Tobias,
Darlington,
Md.

Accident or Suicide?

5.9%

Name
in
Full

Fadeley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Havre de Grace Harford Co

MARYLAND

Days

Date of death 1909 Sep. 17 Month Day Age -- Years -- Months --

Sax male

Color or Race

white

Birth-place

Havre de Grace

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Henry M Fadely

Father's Birthplace

Havre de Grace

Mother's Maiden Name

May Mahesee

Mother's Birthplace

Harford Co

Name of person giving
Information

Father

How related
to deceased

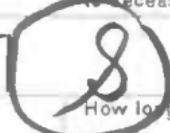
father

✓

CAUSES OF DEATH

Primary

Stiffness



How long

Immediata

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

yes

Address

Allroschein
Havre de Grace

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Wm. K. Fearn

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at Amos	Harford Co.				
Date of death 1909 Sept.	Month	Day	Years	Months	Days
Sex Male	Color or Race	White	Age 62	—	—
Occupation Unknown	Where Residing if not at place of death			Lock Haven, Pa.	
Married, Single or Widowed	Name of Wife or Husband			Lock Haven, Pa.	
Father's Name Wm. Fearn				Father's Birthplace	Unknown
Mother's Maiden Name Eliza S. Hintzinger				Mother's Birthplace	Unknown
Name of person giving information Harry Fearn				How related to deceased	Brother-in-law
CAUSES OF DEATH					
Primary Insufficiency of arterial pulse				79	✓
Fatty degeneration of heart				How long several years	—
Immediate Failing compensation & syncope				How long Sudden	.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. T. Van Sickle M.D.		
		Address	Bel Air		
Accident or Suicide?	No		Md.		

Lock Haven,
Penn.

Name
in
Full

Edson H Foard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Harford			MARYLAND
Died at	Level	Month	Day	Year
Date of death	1909	Sept	11	Age 34
Sex	Male	Color or Race	White	Birth-place
Occupation	Blacksmith			Where Residing if not at place of death
Married, Single or Widowed	Widower	Name of Wife or Husband	Emma V. Roger	
Father's Name	Jas. H Foard			Father's Birthplace
Mother's Maiden Name	Cassandra Greenland			Mother's Birthplace
Name of person giving Information	Chas Foard			How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart disease Died suddenly

79

How long

Immediate

Heart disease

How long

Are the name, age, sex, color, date and place correctly given above?

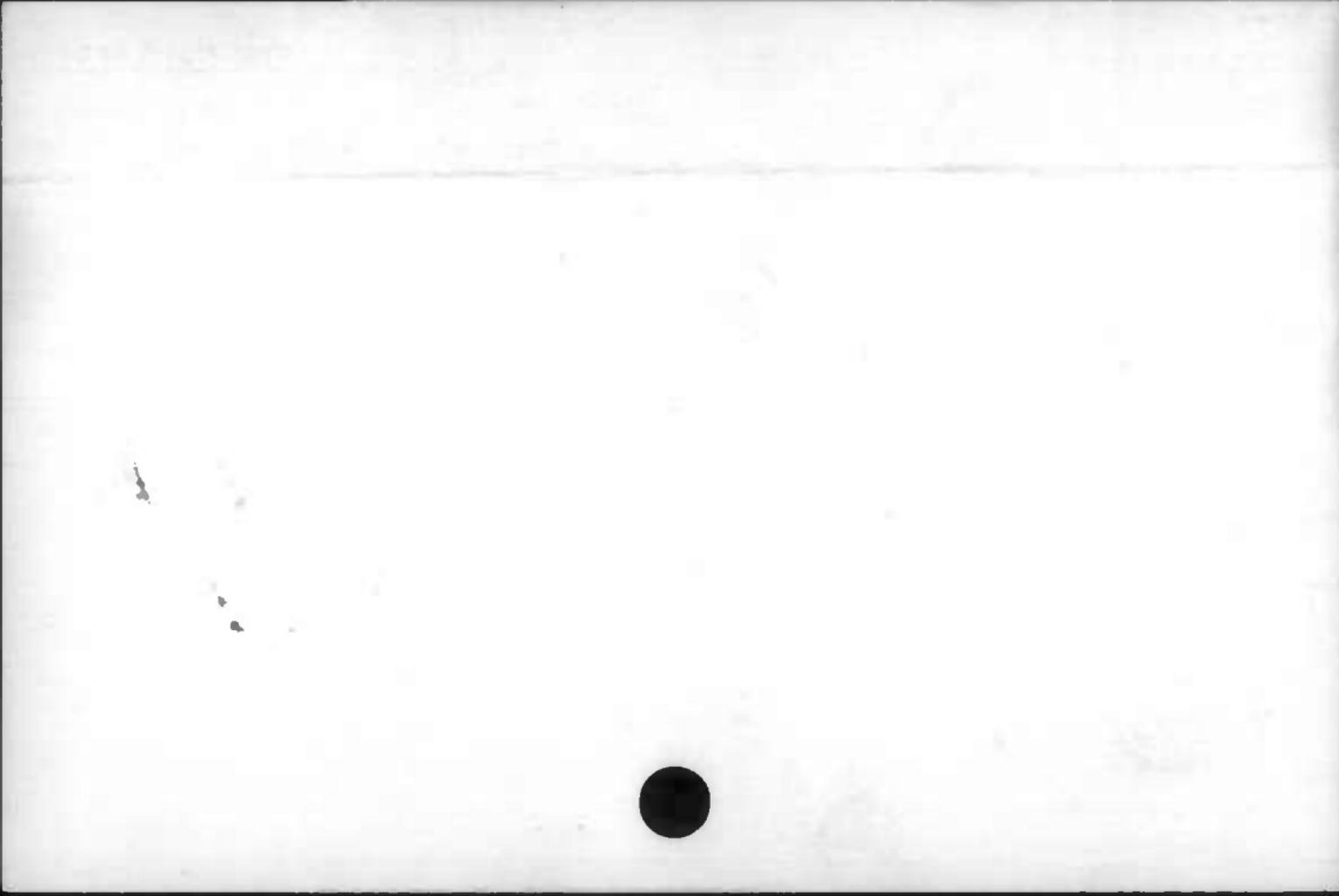
Signature of Physician

Michael H. Foley Coroner

Address

Hovele Grace
Md

Accident or Suicide



Name
in
Full

Herbert Haines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Montha
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Dublin, Md		
Mother's Maiden Name	Belair		
Name of person giving Information	Father		

Dublin Harford Dublin

Sept'r 5 23

Male Colored Dublin

now Dublin

Married, Single or Widowed Name of Wife or Husband

David Haines Dublin, Md

Orrollie Harris Belair

David Haines Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility

Immediate

Congested lungs

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

95

How long

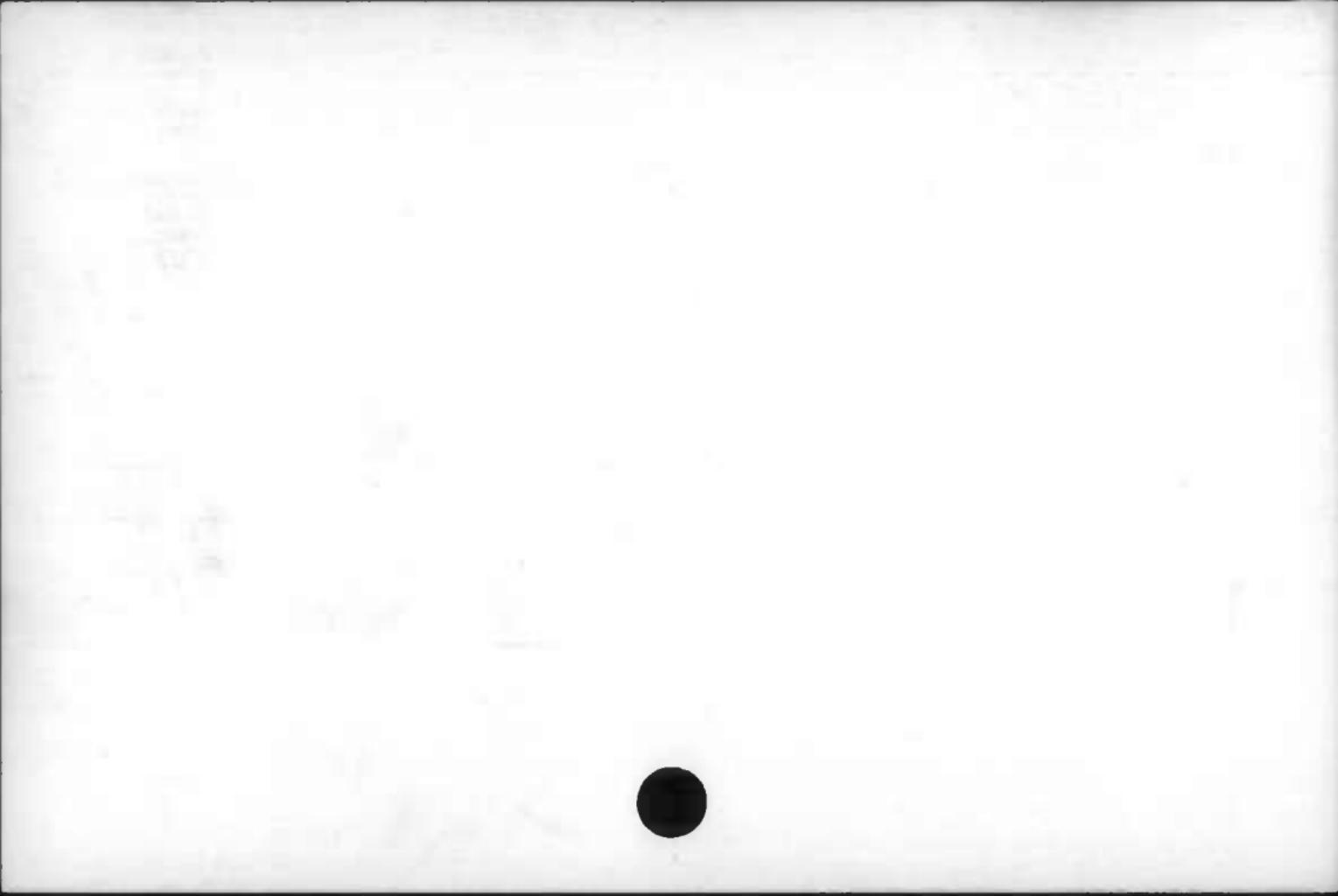
since birth

How long

one week

Ephr^m. Hopkins
darlington
Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name in Full		Navy D Hanney Jr		County		
Died at	Town	Bel Air		Harford		
Date of death	Month	Dey	Age	Years	Months	
1909	Sept	7			3	
Sex	Male	Color or Race	White	Birth- place	Harford Co Md	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	—	Name of Wife or Husband				
Father's Name	Navy D Hanney					Father's Birthplace
Mother's Maiden Name	Fayee E Miller					Mother's Birthplace
Name of person giving Information	Navy D Hanney					How related to deceased

CAUSES OF DEATH

176

✓

How long

3 days —

How long

few hours

Primary

Cerebral congestion & irritation
(pressure in parturition)

Immediate

asphyxia

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

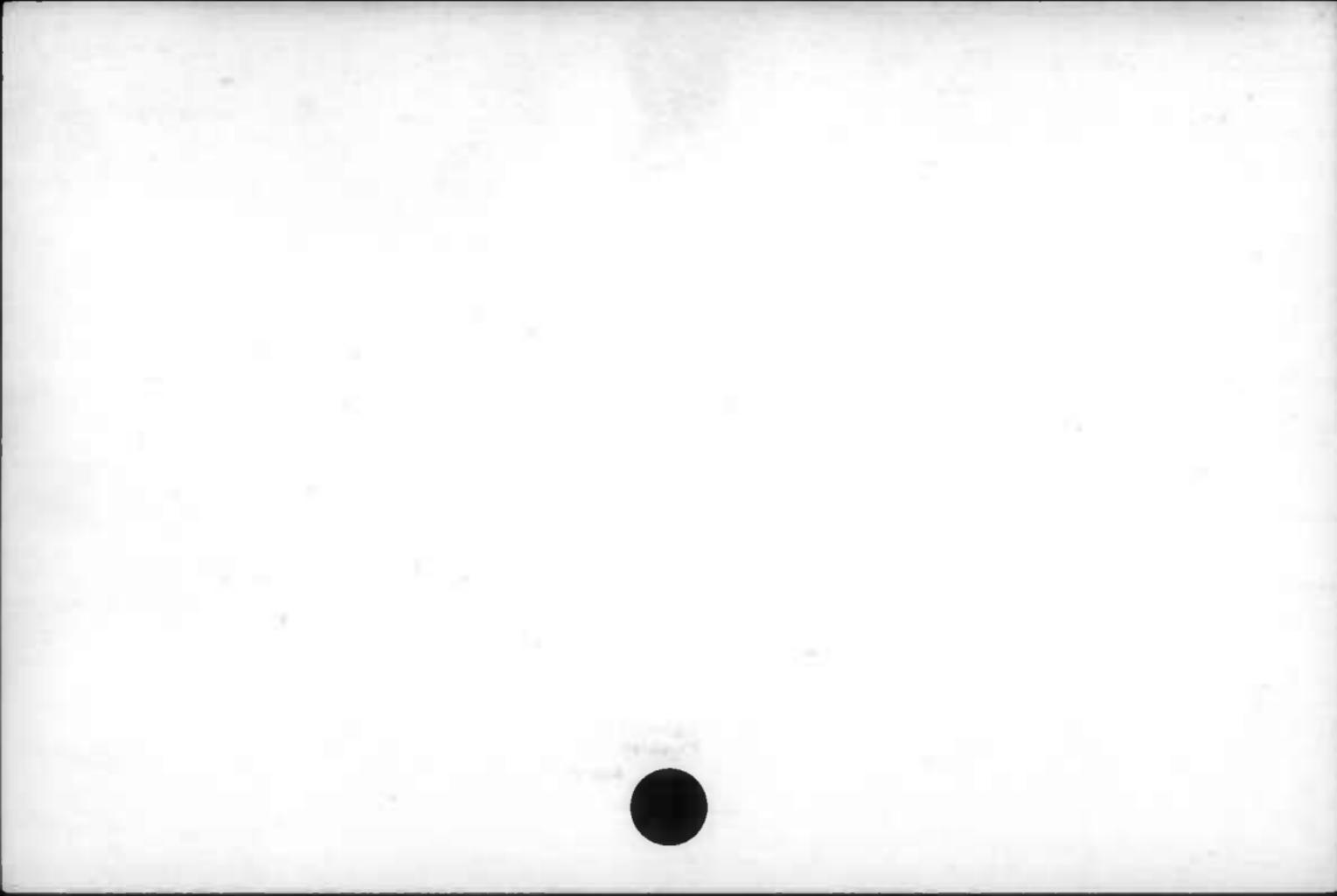
A. F. Van Siburg

Bel Air

Md.

Accident or Suicide

No



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Grace Adellart Harris

CERTIFICATE OF DEATH

Died at Sharon

Town

County

MARYLAND

Date
of death

1909

Month

7th

Day

Sept

Years

14

Months

11

Days

8

Sex

Female

Color or
Race

Black

Birth-
place

Harford Co Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James R Harris

Father's
Birthplace

Harford Co Md

Mother's
Maiden Name

Sarah J Jones

Mother's
Birthplace

Baltimore Co "

Name of person giving
Information

F P Harris

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Fever

How long

4 weeks

Immediate

Heart Failure

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

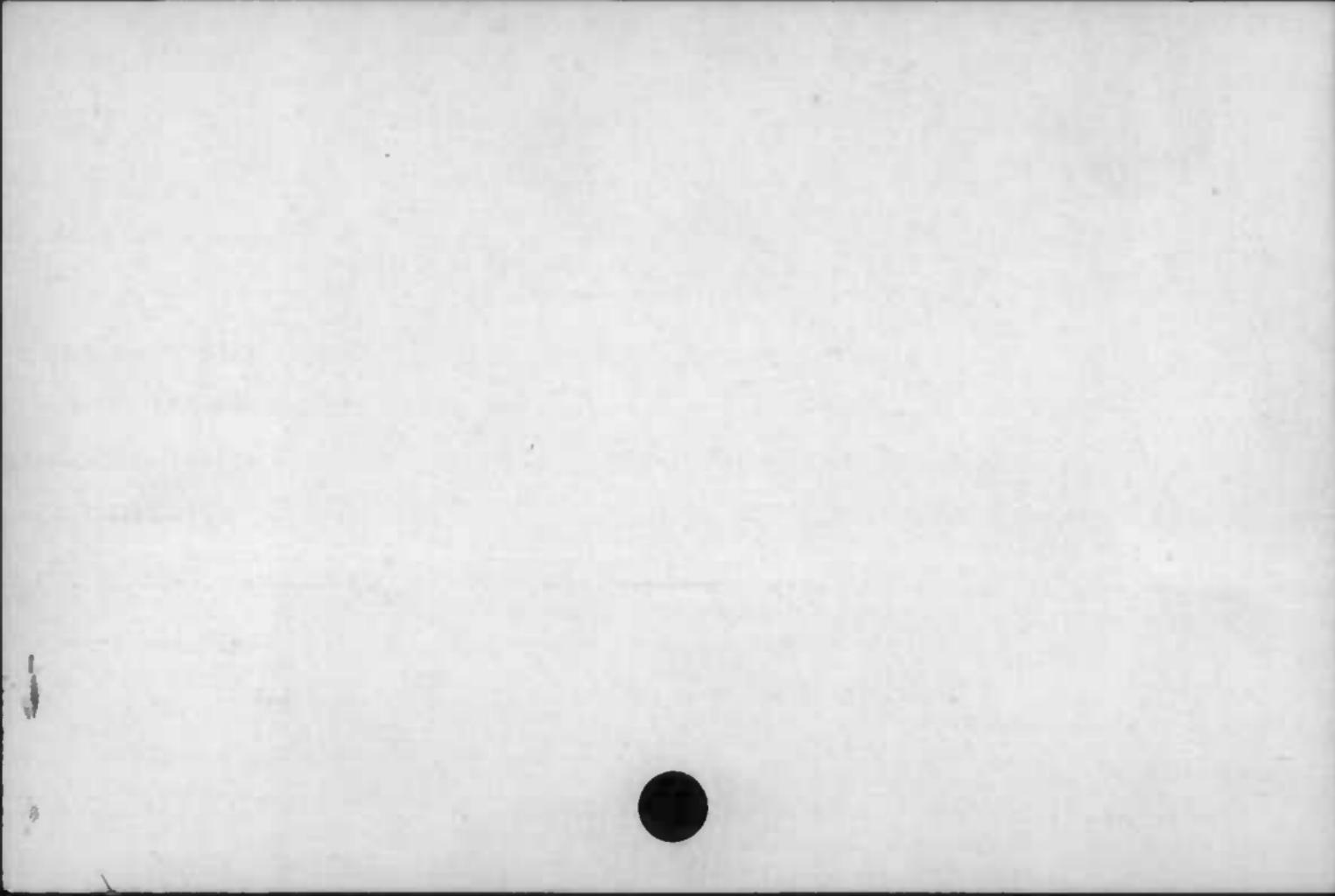
Signature of
Physician

F P Smithson

Address

Forest Haven

Accident or Suicide?



Name
in
Full

Elizabeth Augusta Hull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Shores Landing Town Baltimore County

Date of death 1909 Month Sept Day 5 Year '16

Age

Sex Female Color or Race Black

Occupation None Where Rasing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Evan Hill

Mother's Maiden Name Eliza Augusta Hill

Name of person giving Information Evan Hill

MARYLAND Month Days

" "

Birthplace Shores Landing
" "
" "

Father's Birthplace Bayford Co

Mother's Birthplace " "

How related to deceased Father

71 How long 2 hours

How long No physician

Address 102 - 1st Street

and Lyderington

Register

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Mel nutin
Immediate Convulsion

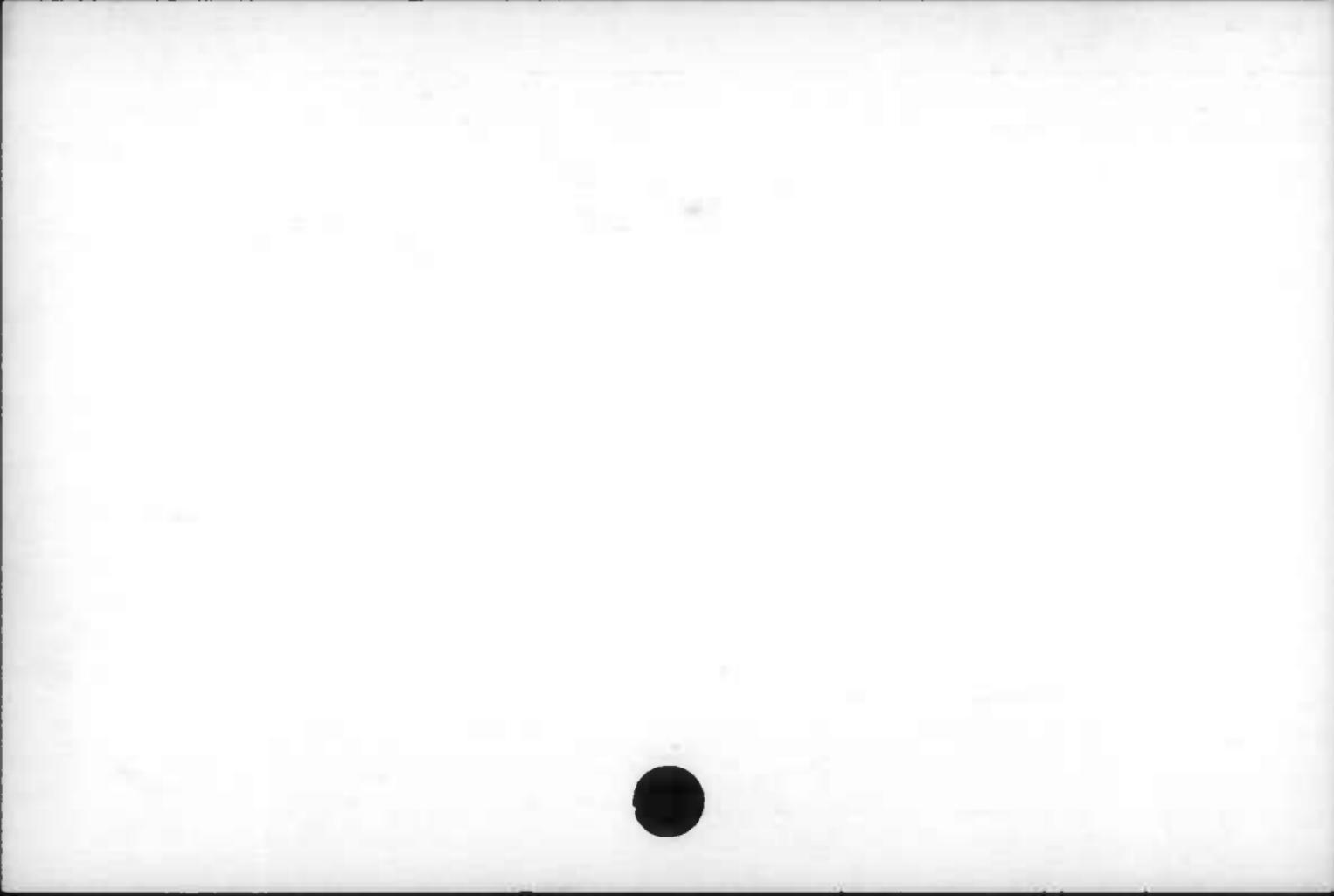
Are the name, age, sex, color, date and place correctly given above? yes



Address 102 - 1st Street

Signed Elizabeth Hull

Accident or Suicide None



Name
in
Full

Eugene Hollingsworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Halesboro	Hanover Co		Month	Days	Years
Date of death 1909	9	Age 71	Months	Days	
Sex Male	Color or Race White	Where Residing if not at place of death	Mountain Fallston		
Occupation Farmer					
Married, Single or Widowed Single	Name of Wife or Husband		Father's Name	Wilma	
Mother's Maiden Name Gurleya Spicer			Mother's Birthplace	Fallston	
Name of person giving Information Dr Hollingsworth			How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Somnolent

64

How long

Immediate

Immediate

Appoplexy

How long

Accidental

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Eugene Hollingsworth
Baltimore

Accident or Suicide

No

Priests' Hall.

Plates

Name
in
Full

Amelia B. Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Bel Air Town Hammond County
Date of death 1909 Month Sept Day 10 Age 78 Months - Days -
Sex Female Color or Race Black Birth-place Md.

Occupation Housekeeper for father
Where Residing if not at place of death Bel Air Md.

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

George Jackson

Bro. Md.
Father

CAUSES OF DEATH

27

✓

How long

About 1 yr.

How long

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Tuberculosis
yes

Signature of Physician

Address

Chas. Richardson
Bel Air Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Mountain

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joshua Jones

CERTIFICATE OF DEATH

Town County
Died at Janettsville Harford
Date Month Day Year
of death 1909 Sept 26 Age 95
Sex Male Color or Race
Occupation Farm hand Where Residing if not
at place of death
Married, Single or Widowed Widower Name of Wife or Husband
Father's Name Unknown Father's Birthplace
Mother's Maiden Name Unknown Mother's Birthplace
Name of person giving Information Rush Jones. How related to deceased
Information

MARYLAND

Days

Birth-place Maryland

Louisa Jones

Father's Birthplace

Unknown

Mother's Birthplace

Unknown

How related to deceased

Son

CAUSES OF DEATH

(93)

✓

Primary

Pneumonia

About 1 week

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

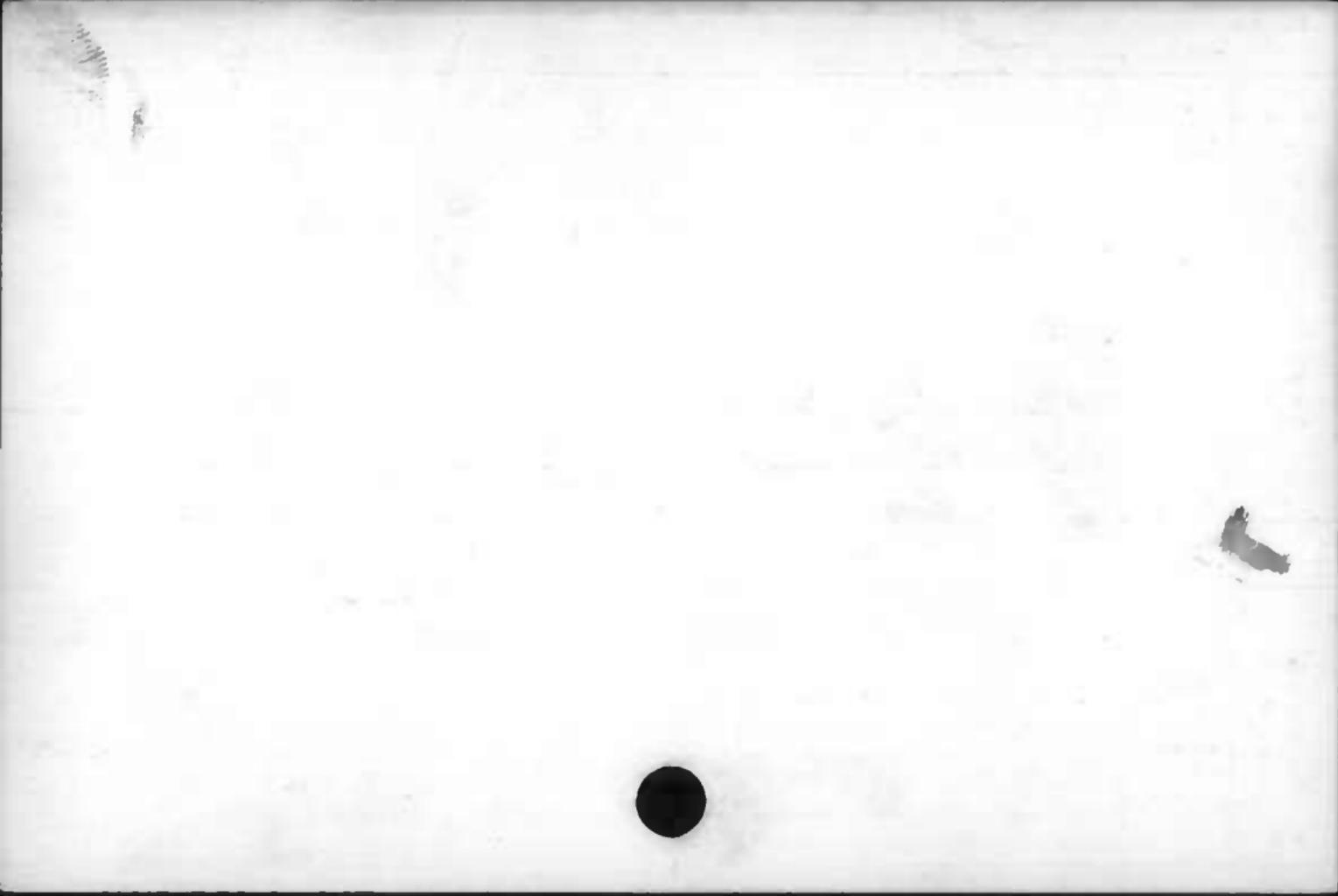
Address

H.T. Bradley

Janettsville Md

Accident or Suicide

yes



Name
in
Full

Mary Joycay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month Sept	Day 11	Age	Months 3	Days
Sex Girl	Color or Race White	Birthplace Baltimore			
Occupation	Where Residing if not at place of death Same				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Martin Joycay	Father's Birthplace Old Country				
Mother's Maiden Name Mary Relyea	Mother's Birthplace 11				
Name of person giving Information Child father	How related to deceased Father				

CAUSES OF DEATH

105

How long

✓

PHYSICIAN
OR CORONER

Primary

Summer diarrhea

How long

3 or 4 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

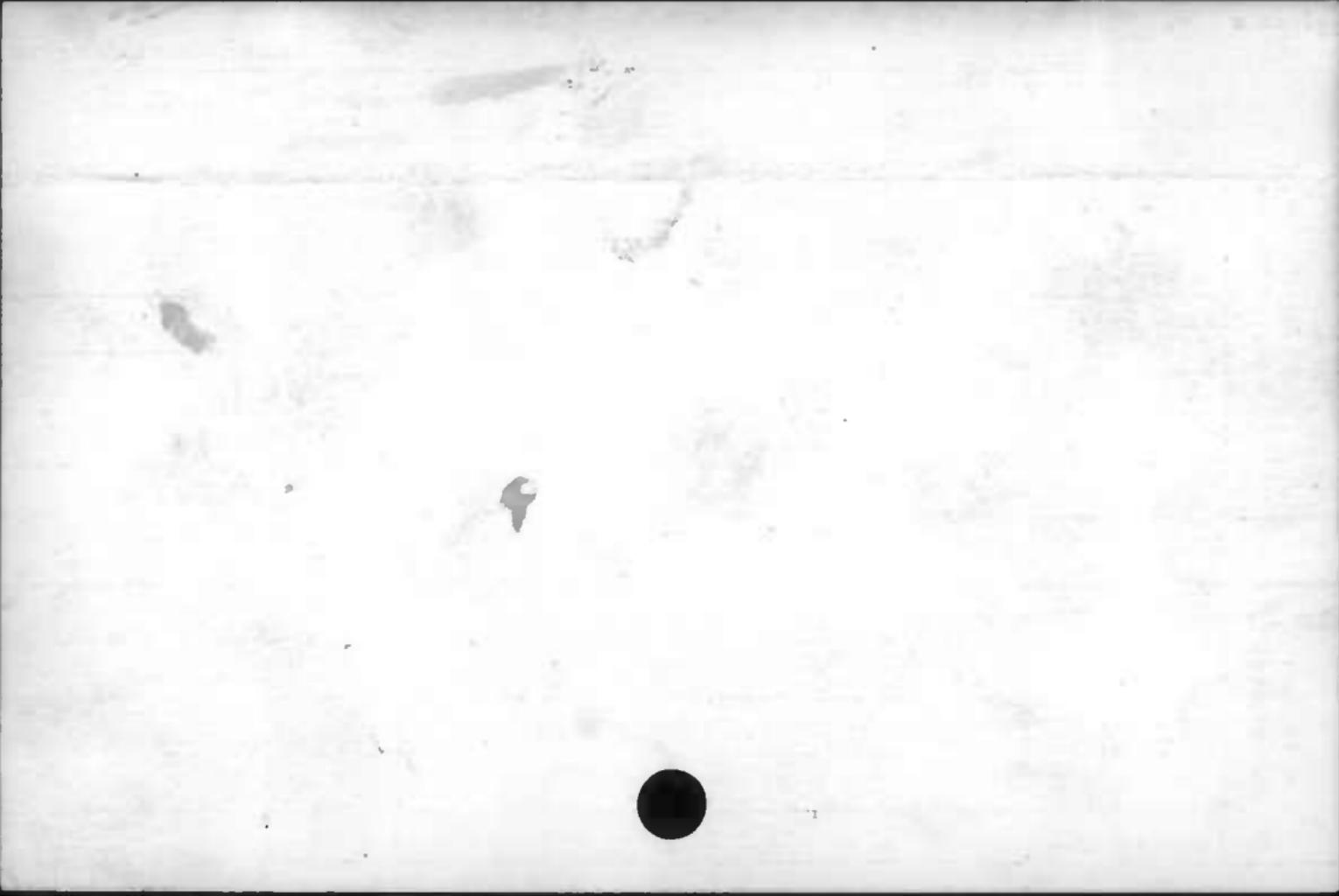
Address

J. L. Leopold

Haven de Grace

Ind

Accident or Suicide



Name
in
Full

Rachel Ann McCormas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month Sept	Day 18	Age 82	Years	Months Days
Sex Female	Color or Race White	Birth-place Stenardston			
Occupation Housekeeper	Where Residing if not at place of death % Open & Roads				
Married, Single Widow	Name of Wife or Husband Matilda McCormas	Father's Name Steel Gordon	Father's Birthplace Stenardton		
Mother's Maiden Name Rebecca Steel	Mother's Birthplace Yorktown	Mother's Name F. Arthur	How related to deceased Nephew		
Name of person giving Information	How long 2 years or longer → not known	120			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bright's Disease

Immediate Old age

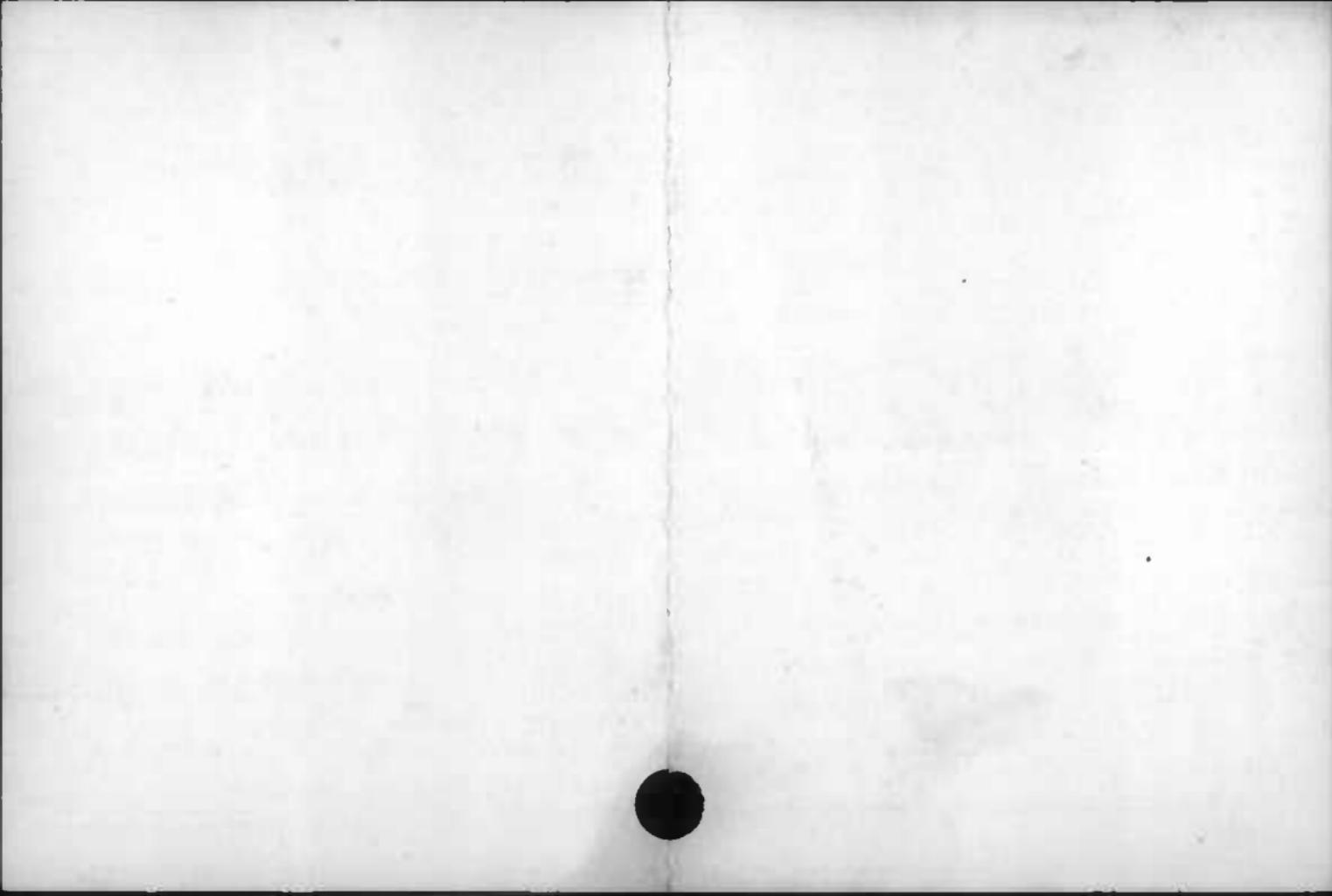
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John S. Green
Gittings, Md.
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Berwynian</u>		Town	County <u>Hagerstown</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>9</u>	Day <u>16</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>15</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>				
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Ezekiel Murphy</u>					
Mother's Maiden Name	<u>Mary Price</u>					
Name of person giving information	<u>John Murphy</u>					

CAUSES OF DEATH

(8)

Primary

Choking tongue

✓

How long

Immediate

Signature of Physician

Address

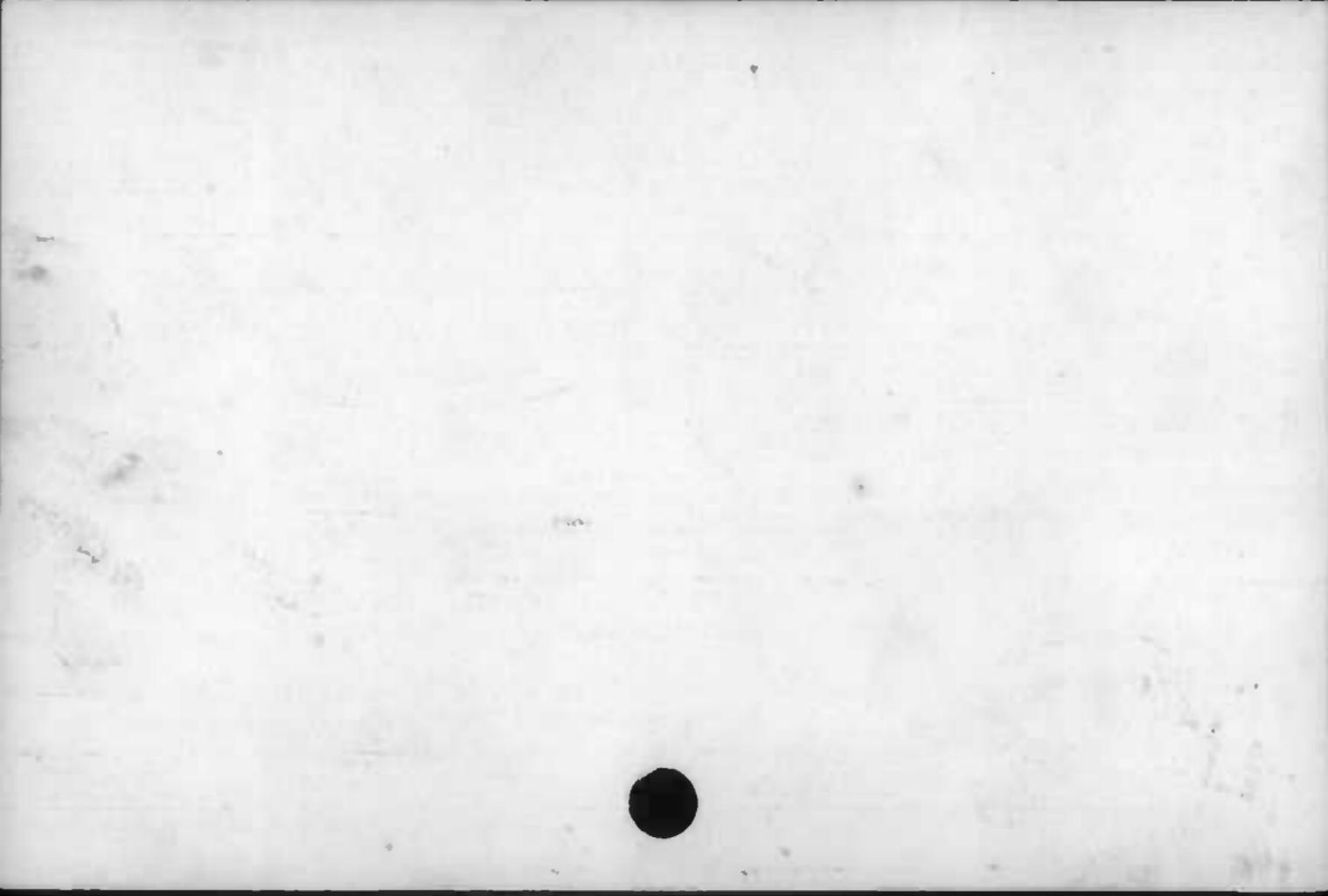
How long

Are the name, age, sex, color, date and place correctly given above?

yes

J. D. Miller
Berwynian

Accident or Suicide?



Name
in
Full

Mary F. Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Havre de Grace	Harford			
Date of death	1909	Month Sept.	Day 4	Years 49	Months 2
Sex	Female	Color or Race	White	Birth-place	Havre de Grace
Occupation	House Work			Where Residing if not at place of death	" "
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Name	Ireland
Mother's Maiden Name	Katherine McEwan			Mother's Name	Ireland
Name of person giving Information	Katie Murray			How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cancer of Throat

45

✓

How long

8 or 9 months

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

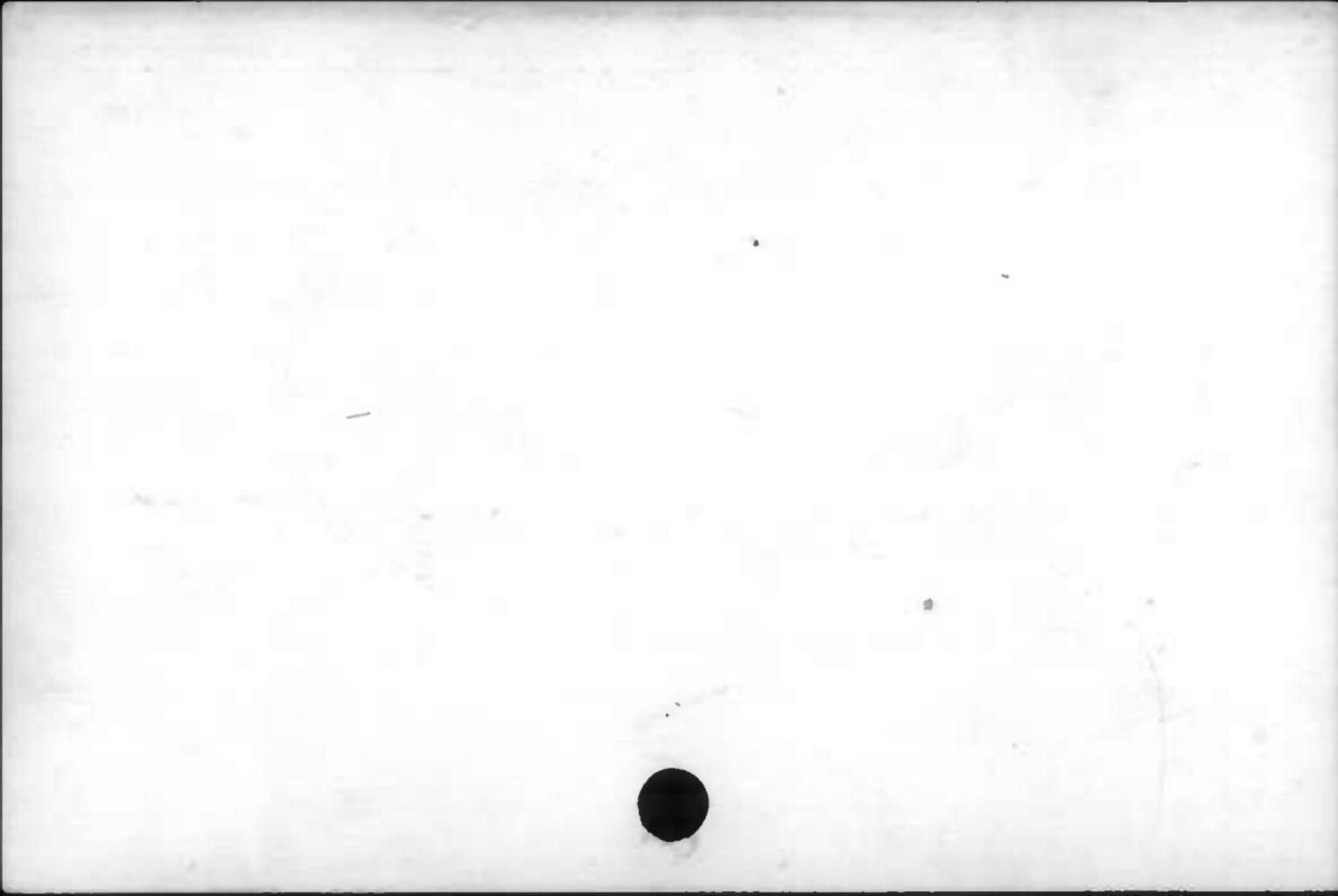
yes

Signature of
Physician

Address

R H Smith
Havre de Grace
Md

Accident or Suicide



Name
in
Full

John K. Orr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
of death 1909	Sept.	3	Age 56	7	-
Sex	Color or Race	Birth-place	Dawson, Md.		
Male	White	Boothby Hill			
Occupation	Where Residing if not at place of death		Boothby Hill		
Married, Single or Widowed	Name of Wife or Husband	Rebecca Orr			
Married					
Father's Name	John Orr		Father's Birthplace	Unknown	
Mother's Maiden Name	Mary Foster		Mother's Birthplace	Boydton	
Name of person giving Information	Clayton Foster		How related to deceased	Son	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary
Cancer of Stomach
Exhaustion

40

How long

✓
2 Years

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

H. W. Fair

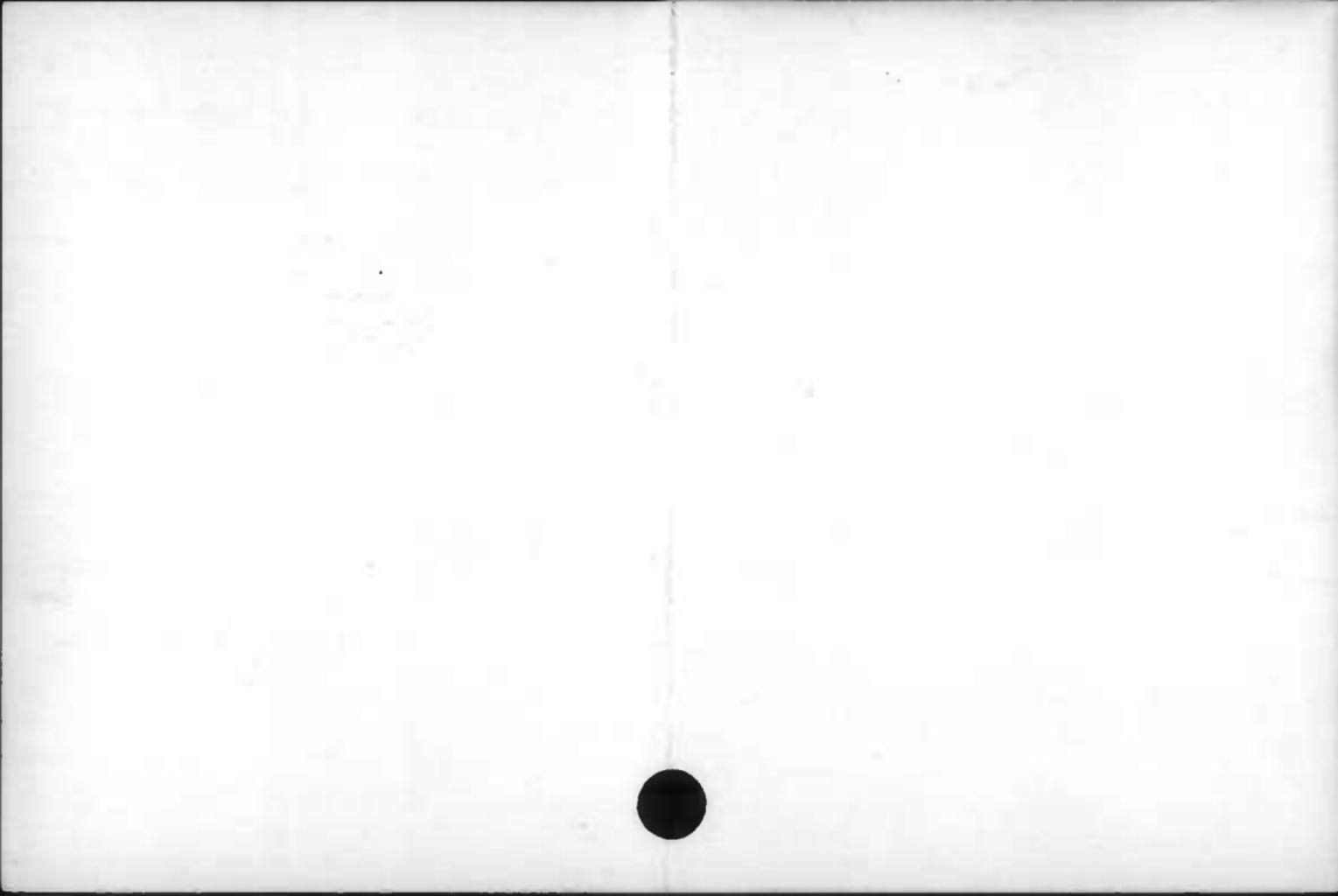
Yes.

Address

12. E 25th

Bullock Md.

Accident or Suicide



Name
in
Full

Mary Osborne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months
1909	Sept.	5 th	83	—
Age	Color	Birth-place	Day	
Sex	Race	Hanford Co.		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Henry Osborne			
Mother's Maiden Name				
Name of person giving Information	Son-in-law Lewis Richardson			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis
Convulsions

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

66

How long

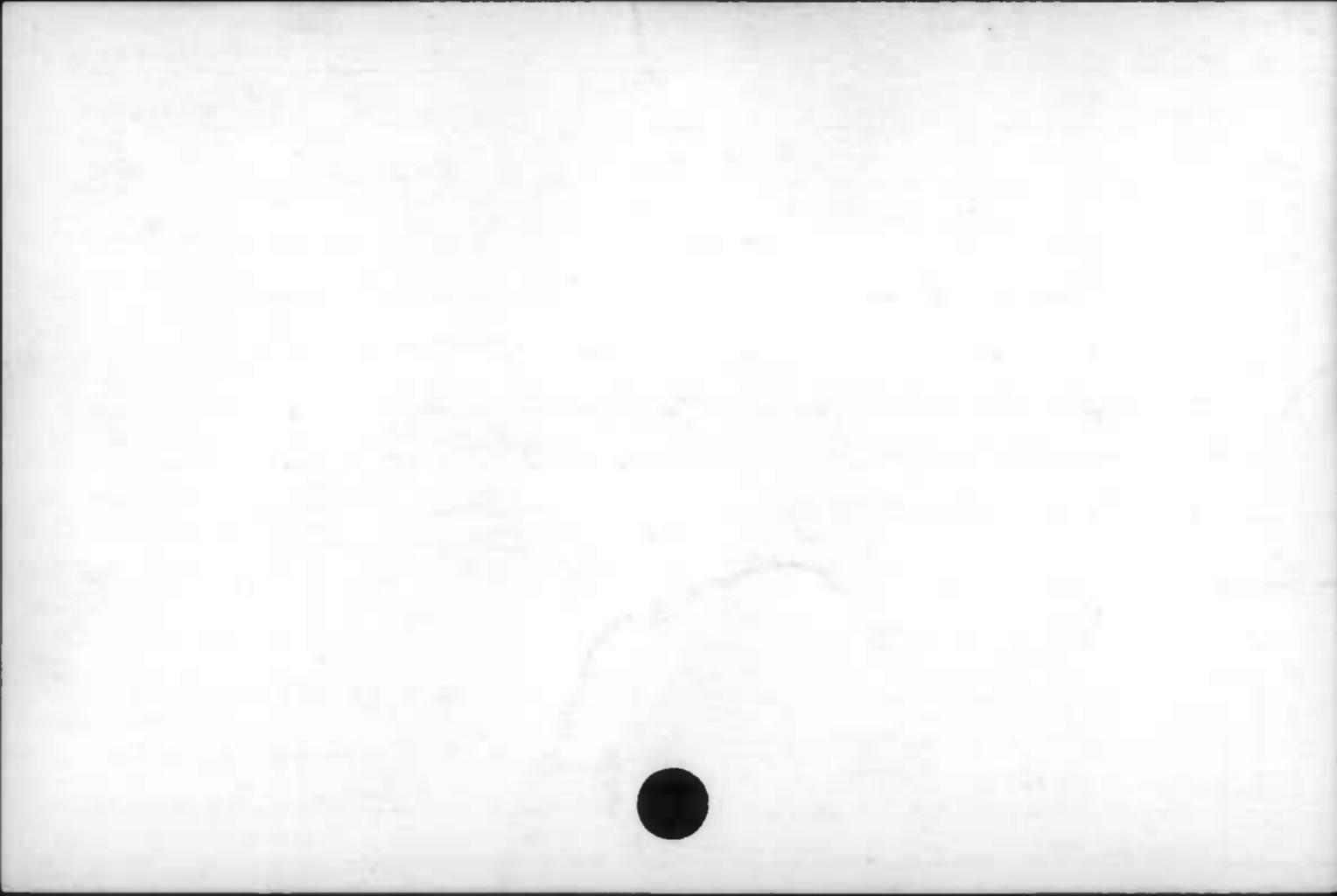
✓

Some months

How long

aday or two

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Mary Ann Pitt		County		MARYLAND	
Died at		Towson		Harford			
Date of death	Month	Day	Age	Years	Months	Days	
1909	9	6	69	Jan	-		
Sex	Phyall	Color or Race	Bleach	Birth place	T.M.D.		
Occupation	house work.		Where Residing if not at place of death				
Married, Single Widowed	Name of Wife or Husband		William Pitt.				
Father's Name	William Reed		Father's Birthplace		Md.		
Mother's Maiden Name	Sallie A McComas		Mother's Birthplace		Md.		
Name of person giving Information	Sarah Edmunds		How related to deceased		Son		

CAUSES OF DEATH

166



PHYSICIAN
OR CORONER

Primary

Injury external & internal

How long

Two week

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

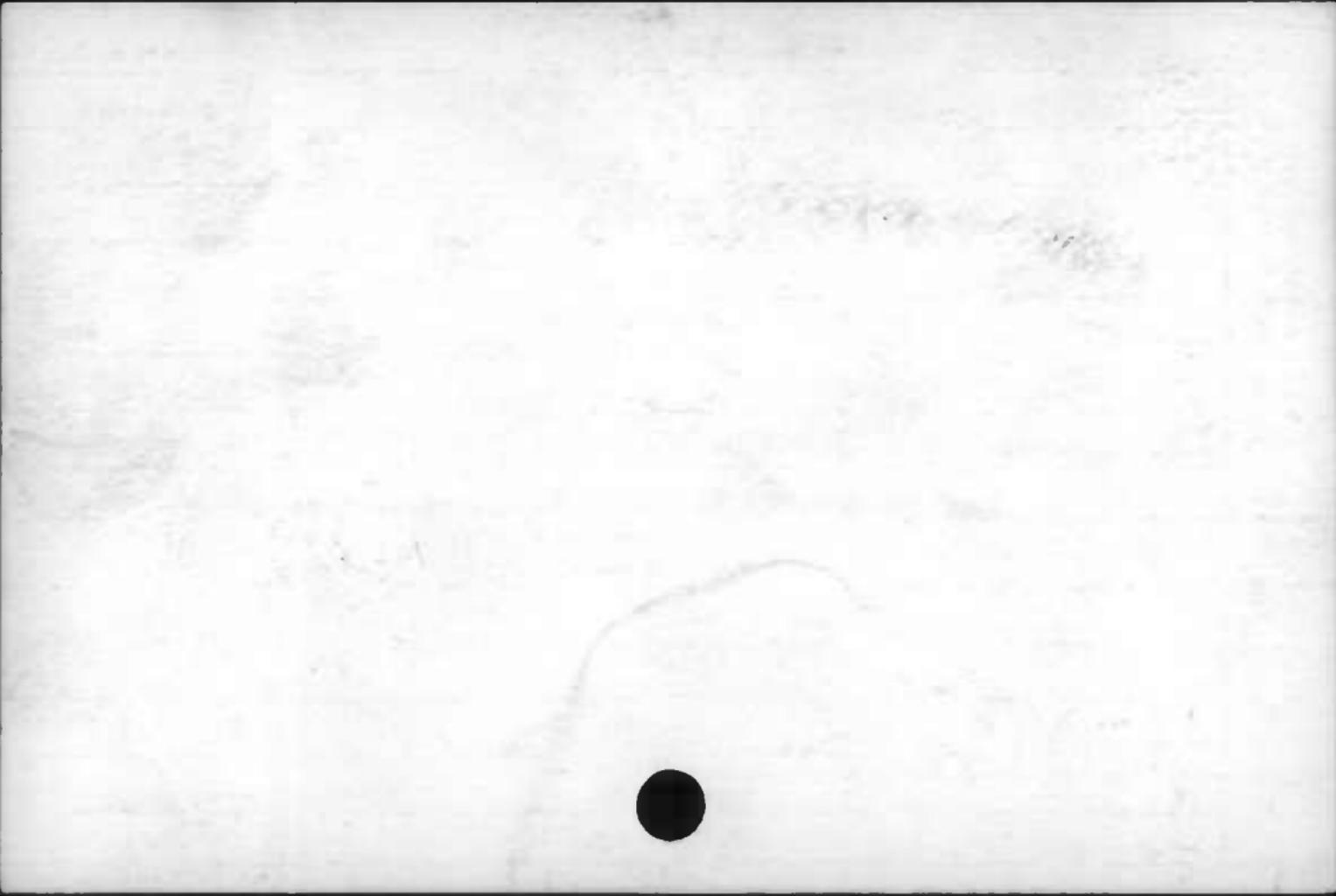
Signature of
Physician

Address

J. G. Pitt
Francesca
Md.

Incident or Suicide

A.H. accident



Name
in
Full

Rachael Singleton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Castletown

County

Fairford

MARYLAND

Date
of death

1909

Month

Sept

Day

4

Years

—

Months

3

Days

2

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Elas Singleton

Father's
Birthplace

Md

Mother's
Maiden Name

Florida May White

Mother's
Birthplace

Md
Father

Name of person giving
Information

Elas Singleton

How related
to deceased

179

✓

How long

2 mo

How long

2 mo

Primary

Marasmus

Immediate

Exhaustion

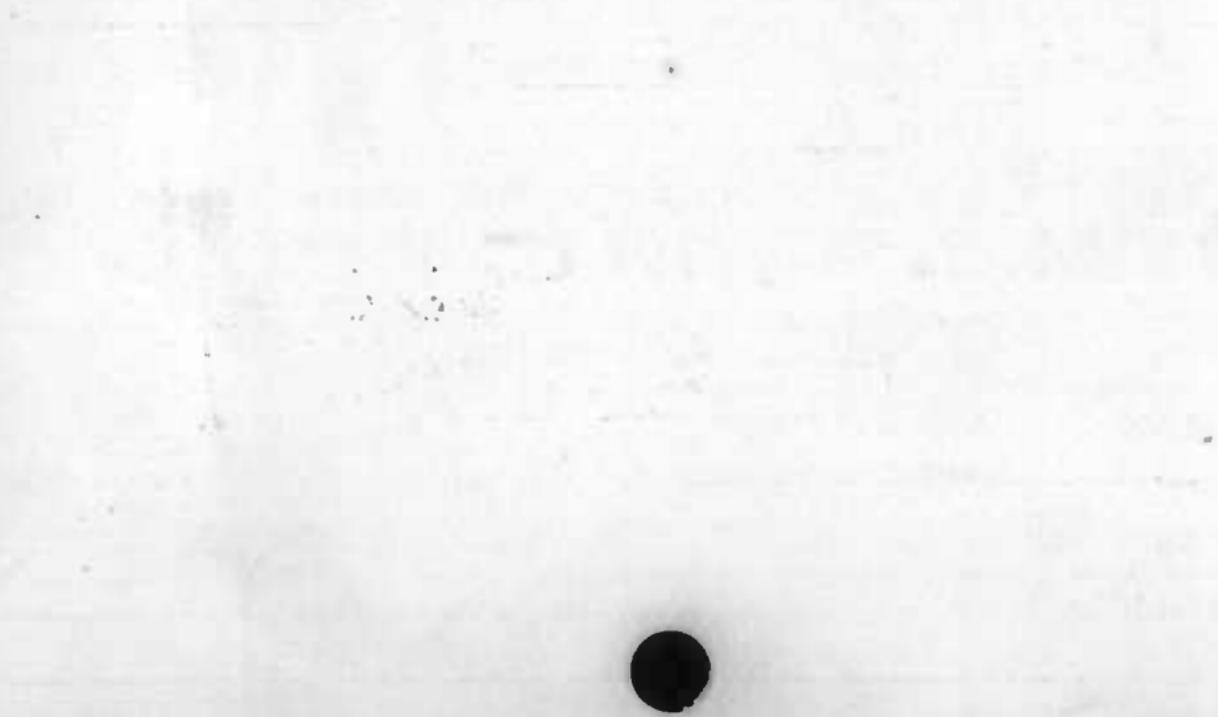
Signature of
Physician

Address

W3 Kirk Md

Darlington
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Ida Stansbury

Town County

MARYLAND

Died at Haar-de-Grace P Herford

Date Month Day Years Month Days
of death 1909 9 4 9 - -

Sex Female Color or Race Col Birth-place Md.

Occupation Child Where Residing if not
at place of deathMarried, Single
or Widowed Name of Wife or
Husband

Father's Name Unknown Father's Birthplace

Mother's Maiden Name Ida Stansbury Mother's Birthplace

Name of person giving Information Martha Galloway How related
deceased Grandmother

CAUSES OF DEATH

Primary Bronchitis
Immediate ConvulsionsAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

90

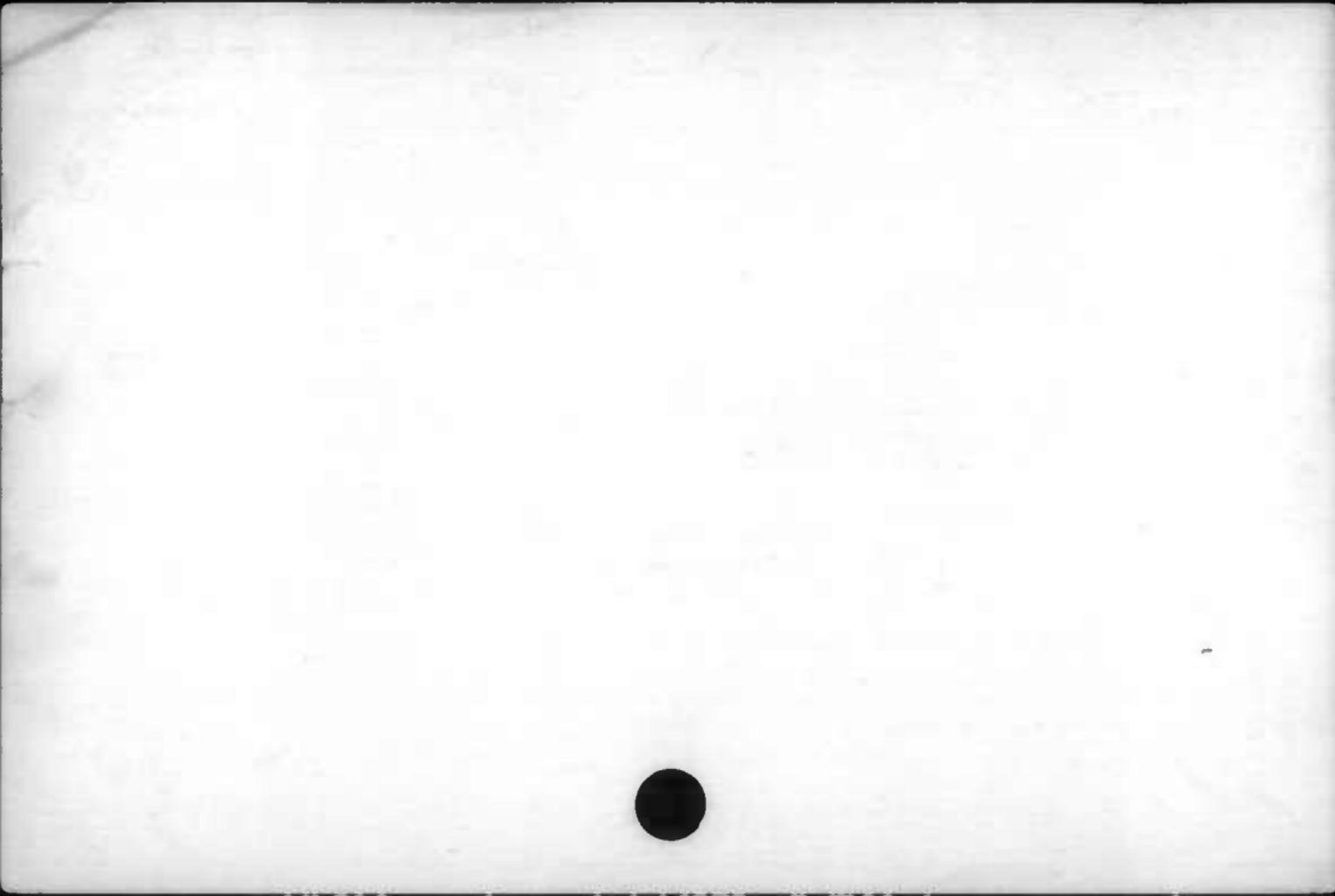
How long

3 days

How long

2 hours

Accident or Suicide



Name
in
Full

James R Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Webster	County	Hartford	MARYLAND
Date of death	Month	Sept	Day	25	Years 91 Months 6 Days 7
Sex	Color or Race	male	white	Birth-place	England
Occupation	Where Residing if not at place of death	Retail merchant Same			
Married, Single or Widowed	Name of Wife or Husband	Widower	Martha Ann Coe	Father's Birthplace	England
Father's Name	James Taylor				
Mother's Maiden Name	McLellan				
Name of person giving Information	H.M. Smith	How related to deceased Son			

CAUSES OF DEATH

154 ✓

PHYSICIAN
OR CORONER

Primary

General debility -

How long

203 years

Immediate

Heart & Kidney Comp

How long

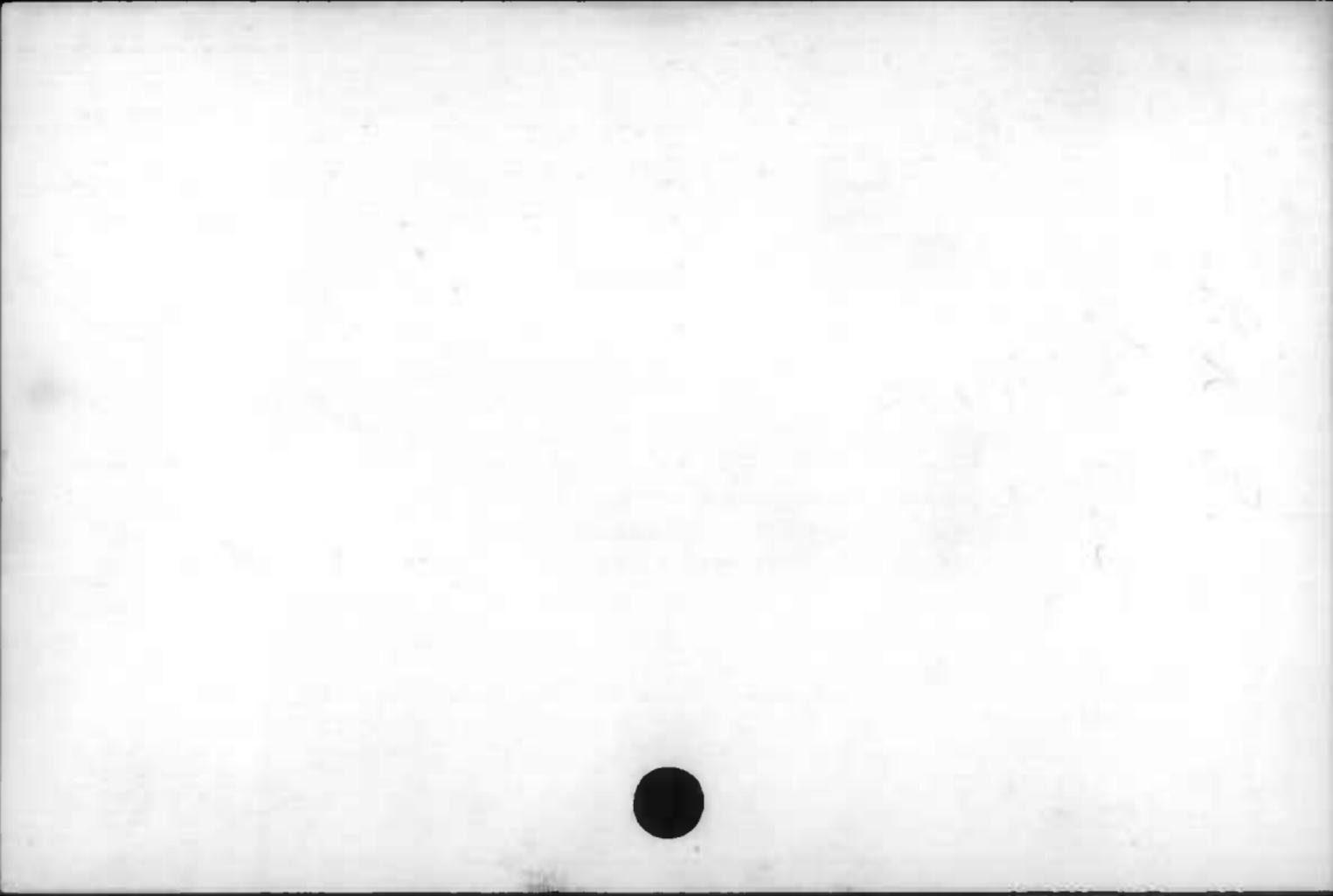
6 mo

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Olivia Jane Waters

Town

Died at

Fallston

Month

Day

County

Harford

CERTIFICATE OF DEATH

MARYLAND

Date

of death 1909

Month

Sept.

Day

Years

2 Octth Age 20

Months

Days

Color or
Race

Color or
Race

Colored

Birth-
place

Rockford

Sex Female

Occupation

House Keeper

Where Residing if not
at place of death

Ackron Falls Co Md.

Married, Single
or Widowed

Name of Wife or
Husband

Single

Father's
Name

Birthplace

Virginia

Pink Harris

Mother's
Maiden Name

Elizabeth Waters

Mother's
Birthplace

On my miles
Harford Co Md.

Name of person giving
Information

Grandfather

How related
to deceased

Grandfather

CAUSES OF DEATH

Primary

Heart trouble

Immediate

droopy

Are the name, age, sex, color, date
and place correctly given above?

JWS

Accident or Suicide

Signature of
Physician

Address

Charles Bagley MD
Bagley MD

79

✓

How long

3 month

How long

3 month

Laurel

Name
in
Full

Samuel S. Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Darlington		County	Harford	
Date of death	Month	Day	Years	Age	Months	Days
1909	Sept	22	85			
Sex	Color or Race	Male		Negro	Birth-place	
Occupation	Farm laborer		Where Residing if not at place of death		Darlington	
Married, Single or Widowed	Name of Wife or Husband	Widower		Jane (Unknown)		
Father's Name	Sam'l Wilson		Father's Birthplace		Harford Co.	
Mother's Maiden Name	(Unknown)		Mother's Birthplace		Harford Co	
Name of person giving Information	Sam'l A. Wilson.		How related to deceased		Half-brother	

CAUSES OF DEATH

154

✓

How long

How long

about a week failing

PHYSICIAN
OR CORONER

Primary

Infirmities of age

Immediate

general failure

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

Address

Ephr^m. Hopkins

Darlington

Md

Accident or Suicide?

